

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08500

FILED
Jan 09, 2015
Secretary of State
CC0925889840

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

FLORIDA EDUCATION FOUNDATION
325 WEST GAINES STREET, SUITE 1524
TALLAHASSEE, FL 32399-0400

Current Mailing Address:

FLORIDA EDUCATION FOUNDATION
325 WEST GAINES STREET, SUITE 1524
TALLAHASSEE, FL 32399-0400 US

FEI Number: 59-2718509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHROEDER, DEBORAH J
FLORIDA EDUCATION FOUNDATION
325 WEST GAINES STREET, SUITE 1524
TALLAHASSEE, FL 32399-0400 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBORAH J. SCHROEDER

01/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHARIMAN
Name CARLSON, STACY
Address 100 N TAMPA ST., STE 1625
City-State-Zip: TAMPA FL 33602

Title VC
Name THOMPSON, JIM
Address 4890 WEST KENNEDY BLVD
SUITE 600
City-State-Zip: TAMPA FL 33609-1864

Title TREASURER
Name ADAMS, NATHAN A IV
Address 315 SOUTH CALHOUN STREET
SUITE 600
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LEVY, ALAN J
Address 11 SW 15TH STREET
City-State-Zip: FT. LAUDERDALE FL 33315

Title DIRECTOR
Name GOMEZ, ORLANDO
Address 7100 SW 44TH STREET
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name PATEL, PIYUSH A
Address 4454 FLORIDA NATIONAL DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name GROVE, JENNIFER
Address ONE ENERGY PLACE
City-State-Zip: PENSACOLA FL 32520

Title DIRECTOR
Name SMITH, CONNIE E W
Address 1 INDEPENDENT DRIVE
10TH FLOOR
City-State-Zip: JACKSONVILLE FL 32202

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STACY CARLSON

CHAIRMAN

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'DONOGHUE, BRUCE
Address 707 NICOLET AVENUE
SUITE 100
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name WILT, MAUREEN A
Address 700 UNIVERSE BLVD
City-State-Zip: JUNO BEACH FL 33442

Title DIRECTOR
Name YORK, JOE S
Address 10375 CENTURION PARKWAY N
ROOM 423
City-State-Zip: JACKSONVILLE FL 32256