

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08500

FILED
Mar 13, 2020
Secretary of State
3884408020CC

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:

SWONSON, BETHANY L EXECUTIVE DIRECTOR
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: BETHANY SWONSON

03/13/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MERLINO, JOHN
Address AT&T
150 WEST FLAGLER STREET SUITE
1901
City-State-Zip: MIAMI FL 33130

Title AUDIT CHAIR
Name WILT, MAUREEN A
Address FLORIDA POWER & LIGHT COMPANY
700 UNIVERSE BLVD
City-State-Zip: JUNO BEACH FL 33408

Title SECRETARY
Name EGUSQUIZA, RAQUEL
Address MARLINS FOUNDATION
501 MARLINS WAY
City-State-Zip: MIAMI FL 33125

Title CHAIRMAN
Name HOKANSON, CHARLES
Address HELIOS EDUCATION FOUNDATION
101 EAST KENNEDY BLVD SUITE 2050
City-State-Zip: TAMPA FL 33602

Title VC
Name MONTEIRO-TRIBBLE, VELMA
Address FLORIDA BLUE
4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name BRISE, RONALD A.
Address GUNSTER
200 S. ORANGE AVENUE SUITE 1400
City-State-Zip: ORLANDO FL 32801

Title MEMBER
Name CHANCE, MARY
Address CONSORTIUM OF FLORIDA
EDUCATION FOUNDATIONS
PO BOX 358719
City-State-Zip: GAINESVILLE FL 32635-8719

Title EXECUTIVE DIRECTOR
Name SWONSON, BETHANY
Address FLORIDA EDUCATION FOUNDATION
325 W GAINES ST. SUITE 1524
City-State-Zip: TALLAHASSEE FL 32399-0400

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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: BETHANY SWONSON

EXECUTIVE DIRECTOR

03/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name BROWN, MONESIA
Address WALMART STORES, INC.
 1700 N MONROE STREET 11-119
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name GAETZ, DON
Address 4300 LEGENDARY DRIVE
 SUITE 230
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name DORWORTH, CHRIS
Address BALLARD PARTNERS
 618 E SOUTH STREET SUITE 500
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name CHARTRAND, GARY
Address 6600 CORPORATE CENTER
 PARKWAY
City-State-Zip: JACKSONVILLE FL 32255

Title DIRECTOR
Name DAVIS, DANIEL
Address JAX CHAMBER
 3 INDEPENDENT DRIVE
City-State-Zip: JACKSONVILLE FL 32202

Title MEMBER
Name GRAHAM, DAKEYAN
Address 2020 FLORIDA TEACHER OF THE
 YEAR
 6815 N 56TH ST
City-State-Zip: TAMPA FL 33610