

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08500

FILED
Mar 22, 2017
Secretary of State
CC1888116175

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:

LEVINE, LAURIE W
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: LAURIE LEVINE

03/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name CARLSON, STACY
Address 12090 STARKEY ROAD
City-State-Zip: LARGO FL 33773

Title VICE CHAIR
Name SMITH, CONNIE E W
Address 1 INDEPENDENT DRIVE
City-State-Zip: JACKSONVILLE FL 32202

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

Title DIRECTOR
Name LEVY, ALAN J
Address 75 ROYAL PALM DRIVE
City-State-Zip: FT. LAUDERDALE FL 33301

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

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

Title TREASURER
Name WILT, MAUREEN A
Address 700 UNIVERSE BLVD
City-State-Zip: JUNO BEACH FL 33408

Title DIRECTOR
Name LOFTUS, THOMAS
Address 4890 WEST KENNEDY BLVD
TWO URBAN CENTRE, SUITE 600
City-State-Zip: TAMPA FL 33609

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

CHAIR

03/22/2017

Electronic Signature of Signing Officer/Director Detail

Date