

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08500

**FILED
Dec 21, 2021
Secretary of State
1103580589CR**

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:

PICCOLO, KRISTIN C 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: KRISTIN PICCOLO

12/21/2021

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 DIRECTOR
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 PICCOLO, KRISTIN
Address FLORIDA EDUCATION FOUNDATION
325 W GAINES ST. SUITE 1524
City-State-Zip: TALLAHASSEE FL 32399-0400

Continues on page 2

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: KRISTIN PICCOLO

EXECUTIVE DIRECTOR

12/21/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name MATTHEWS, REBECCA
Address AUTOMATED HEALTH SYSTEMS
 2728 CENTERVIEW DRIVE 300
City-State-Zip: TALLAHASSEE FL 32301

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

Title MEMBER
Name PAINTER, SARAH
Address 2022 FLORIDA TEACHER OF THE YEAR
 325 WEST GAINES STREET 1524
City-State-Zip: TALLAHASSEE FL 32399

Title AUDIT CHAIR
Name TEDROW, TARA
Address LOWNDES, DROSDICK, DOSTER, KANTOR &
 REED
 215 N EOLA DRIVE
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 DORWORTH, CHRIS
Address LAND DEVELOPER
 1520 WHITSTABLE COURT
City-State-Zip: HEATHROW FL 32746

Title DIRECTOR
Name GRANT, JOHN
Address TAMPA ESTATE PLANNERS
 16614 N DALE MABRY HWY
City-State-Zip: TAMPA FL 33618