

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008414

**Entity Name:** ZORA NEALE HURSTON FLORIDA EDUCATION FOUNDATION, INC.**FILED**  
**Mar 09, 2023**  
**Secretary of State**  
**3427131761CC****Current Principal Place of Business:**809 NORTH 9TH STREET  
FORT PIERCE, FL 34950**Current Mailing Address:**809 NORTH 9TH STREET  
FORT PIERCE, FL 34950 US**FEI Number: 27-3394116****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOBSON, MARVIN E.  
6116 SPRING LAKE TERRACE  
FORT PIERCE, FL 34951 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: MARVIN E. HOBSON****03/09/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	HOBSON, MARVIN E.
Address	6116 SPRING LAKE TERRACE
City-State-Zip:	FORT PIERCE FL 34951

Title	VP, 1
Name	SANTOS, MARINA
Address	4597 LAKELAND HARBOR LOOP
City-State-Zip:	LAKELAND FL 33805

Title	TREA
Name	JEFFERSON, RUBY
Address	5704 KINGS HWY
City-State-Zip:	FORT PIERCE FL 34951

Title	SECRETARY
Name	MCCREARY, CHERYL
Address	110 N 21ST STREET
City-State-Zip:	FORT PIERCE FL 34950

Title	HISTORIAN/ADVISORY COMMITTEE
Name	HARRELL, MARJORIE
Address	3400 TWIN LAKES TERRACE #102 MEADOWOODS DEVELOPMENT

City-State-Zip: FORT PIERCE FL 34951-2983

*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: JEFFERSON, RUBY****TREASURER****03/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date