

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11602

**Entity Name:** JACKSONVILLE PUBLIC EDUCATION FUND, INC.

**FILED  
Mar 31, 2015  
Secretary of State  
CC9228966124**

**Current Principal Place of Business:**

245 RIVERSIDE AVE.  
SUITE 310  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

245 RIVERSIDE AVE.  
SUITE 310  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-2756660**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CSAR, FRANK JIII  
245 RIVERSIDE AVE.  
SUITE 310  
JACKSONVILLE, FL 32202 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name DAILEY, TORIN  
Address 1025 JESSIE STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title T  
Name ANDERSON, JOHN  
Address 2732 BEAUCLERC RD.  
City-State-Zip: JACKSONVILLE FL 32257

Title S  
Name PERRY, SHANNON  
Address 555 W. 25TH ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title P  
Name CSAR, FRANK J  
Address 245 RIVERSIDE AVE., SUITE 310  
City-State-Zip: JACKSONVILLE FL 32202

Title VC  
Name CLEMENTS, POPPY  
Address 4667 ORTEGA BLVD.  
City-State-Zip: JACKSONVILLE FL 32210

*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: FRANK J CSAR III**

**PRESIDENT**

**03/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date