

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11602

Entity Name: JACKSONVILLE PUBLIC EDUCATION FUND, INC.**Current Principal Place of Business:**40 E. ADAMS STREET
SUITE 110
JACKSONVILLE, FL 32202**Current Mailing Address:**40 E. ADAMS STREET
SUITE 110
JACKSONVILLE, FL 32202 US**FEI Number:** 59-2756660**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FORTUNE, RACHAEL T
40 E. ADAMS STREET
SUITE 110
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	VC
Name	WILLIAMS, JAMES
Address	1 INDEPENDENT DR. 30TH FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

Title	PRESIDENT
Name	TUTWILER FORTUNE, RACHAEL
Address	40 E. ADAMS ST SUITE 110
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	JONES, COLEY
Address	50 N. LAURA ST.
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	WALTON, TERRY
Address	1819 CHALLEN AVE
City-State-Zip:	JACKSONVILLE FL 32205

Title	CHAIRMAN
Name	HYDE, KEVIN
Address	1 INDEPENDENT DRIVE SUITE 1300
City-State-Zip:	JACKSONVILLE FL 32202

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: RACHAEL TUTWILER FORTUNE**PRESIDENT****02/28/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date