

**2022 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 OLIVER, MARSHA  
Address 112 PGA TOUR BLVD.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

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**

**04/08/2022**

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

\_\_\_\_\_  
Date