

**2020 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	TREASURER
Name	WILLIAMS, JAMES
Address	1 INDEPENDENT DR. 30TH FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

Title	CHAIRMAN
Name	DAVIS, BRIAN
Address	300 N HOGAN ST STE #11-400
City-State-Zip:	JACKSONVILLE FL 32202

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

Title	SECRETARY
Name	OLIVER, MARSHA
Address	117 W. DUVAL ST. SUITE 400
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

*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****03/18/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date