

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11602

**FILED**  
**Feb 08, 2018**  
**Secretary of State**  
**CC1159712310**

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

**Current Principal Place of Business:**

40 EAST ADAMS ST  
SUITE 110  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

40 EAST ADAMS ST  
SUITE 110  
JACKSONVILLE, FL 32202 US

**FEI Number:** 59-2756660

**Certificate of Status Desired:** Yes

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

CSAR, FRANK JIII  
40 EAST ADAMS  
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 T  
Name WILLIAMS, JAMES  
Address 1 INDEPENDENT DR.  
30TH FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title S  
Name PAGE, LISA  
Address 4589 ORTEGA BLVD  
City-State-Zip: JACKSONVILLE FL 32210

Title P  
Name CSAR, FRANK J  
Address 40 EAST ADAMS ST  
SUITE 110  
City-State-Zip: JACKSONVILLE FL 32202

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

Title VC  
Name DAVIS, BRIAN  
Address 300 N HOGAN ST  
STE #11-400  
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:** FRANK J CSAR

**PRESIDENT**

**02/08/2018**

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

\_\_\_\_\_  
Date