**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 01, 2024**
**Secretary of State**
**9034440902CC**

DOCUMENT# N16000011994

**Entity Name:** FLORIDA COLLABORATIVE ON OPERATIONAL DATA FOR EDUCATORS INC.

**Current Principal Place of Business:**

14 ORCHARD DRIVE
C/O ANN SU
HUDSON, MA 01749

**Current Mailing Address:**

PO BOX 851
HUDSON, MA 01749 US

**FEI Number: 81-4734550**

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
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, SECRETARY |
| Name | SU, ANN |
| Address | 14 ORCHARD DRIVE |
| City-State-Zip: | HUDSON MA 01749 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | STRINGER, CALI |
| Address | 325 W. GAINES STREET, SUITE 1154 |
| City-State-Zip: | TALLAHASSEE FL 32399 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SHANKAR, UMA |
| Address | 620 E. UNIVERSITY AVENUE |
| City-State-Zip: | GAINESVILLE FL 32601 |

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|---|---|
| Title | DIRECTOR |
| Name | PARISH, JUSTIN |
| Address | 3841 REID STREET |
| City-State-Zip: | PALATKA FL 32177 |

| | |
|---|---|
| Title | DIRECTOR, PRESIDENT |
| Name | ROZZELLE, RICK |
| Address | 11909 OVERLOOK MOUNTAIN DRIVE |
| City-State-Zip: | CHARLOTTE NC 28216 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | NIMMONS, WILLIAM |
| Address | 2757 WEST PENSACOLA STREET |
| City-State-Zip: | TALLAHASSEE FL 32304 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DEISING, RYAN |
| Address | 1769 EAST MOODY BLVD BLDG #2 |
| City-State-Zip: | BUNNELL FL 32110 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | CLEMENTS, DAVID |
| Address | 4417 WESTLAKE DRIVE |
| City-State-Zip: | AUSTIN TX 78746 |

**Continues on page 2**

*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: ANN SU SECRETARY/TREASURER 02/01/2024

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | JAMES, GENTRY |
| Address | 200 NORTH CLARA AVENUE |
| City-State-Zip: | DELAND FL 32720 |