

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000005252

**Entity Name:** THE MARIE E. KRAFFT EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

3609 N MERIDIAN ROAD  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

1400 VILLAGE SQUARE BLVD  
3-124  
TALLAHASSEE, FL 32312 US

**FEI Number: 83-4709858**

**Certificate of Status Desired: No**

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

HOLTON, ROBERT A  
7125 UPLAND GLADE  
TALLAHASSEE, FL 32312 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 P  
Name HOLTON, ROBERT A  
Address 7125 UPLAND GLADE  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRE  
Name HOLTON, PAUL E  
Address 55 W CHURCH ST, APT 2908  
City-State-Zip: ORLANDO FL 32801

Title DIRE  
Name DEVINE, MICHAEL D  
Address COLLEGE OF ENGINEERING, FSU  
City-State-Zip: TALLAHASSEE FL 32306

Title DIRE  
Name MATTHEW, SIDNEY L  
Address 135 S MONROE ST  
City-State-Zip: TALLAHASSEE FL 32301

*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: ROBERT A. HOLTON**

**PRESIDENT**

**03/17/2020**

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

\_\_\_\_\_  
Date