

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28008

Entity Name: CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**

C/O Z88.3
1065 RAINER DRIVE
ALTAMONTE SPRINGS, FL 32714-3847

Current Mailing Address:

1065 RAINER DRIVE
ALTAMONTE SPRINGS, FL 32714-3847 US

FEI Number: 59-3028392**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

HOGUE, JAMES S
1065 RAINER DRIVE
ALTAMONTE SPRINGS, FL 32714-3847 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 CHAIRMAN, PRESIDENT
Name HOGUE, JAMES S
Address C/O Z88.3
1065 RAINER DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714-3847

Title VP, DIRECTOR
Name CHAPMAN, DEAN E
Address C/O Z88.3
1065 RAINER DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714-3847

Title SECRETARY, TREASURER,
DIRECTOR
Name STEPHAN, JUDY Q
Address C/O Z88.3
1065 RAINER DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714-3847

Title DIRECTOR
Name KENYON, GAYLORD CARTER
Address C/O Z88.3
1065 RAINER DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714-3847

Title DIRECTOR
Name KINNIBURGH, STUART P
Address C/O Z88.3
1065 RAINER DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714-3847

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: JUDY STEPHAN**SECRETARY****04/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date