

**2017 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:**

HOGE, 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 CDP  
Name HOGE, JAMES S  
Address 1065 RAINER DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name BAIN, DWIGHT  
Address 1065 RAINER DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DV  
Name CHAPMAN, DEAN E  
Address 1065 RAINER DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title T  
Name WISE, JUDY  
Address 1065 RAINER DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title S  
Name LIGATO, CATHY J  
Address 1065 RAINER DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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 WISE**

**TREASURER**

**02/21/2017**

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

\_\_\_\_\_  
Date