

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35307

Entity Name: STANLEY G. TATE FLORIDA PREPAID COLLEGE
FOUNDATION, INC.**FILED**
Jun 25, 2020
Secretary of State
1032138939CC**Current Principal Place of Business:**1801 HERMITAGE BLVD
SUITE 210
TALLAHASSEE, FL 32399-0300**Current Mailing Address:**P.O. BOX 1117
TALLAHASSEE, FL 32302 US**FEI Number: 59-3012202****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**O'CONNELL, CYNTHIA
1801 HERMITAGE BLVD.
SUITE 210
TALLAHASSEE, FL 32399-0300 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: CYNTHIA O'CONNELL****06/25/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CHAIRMAN
Name ROOD, JOHN D
Address 3030 HARTLEY ROAD, SUITE 310
City-State-Zip: JACKSONVILLE FL 32257**Title** VC
Name MURMAN, SANDRA HON
Address 410 BLANCA AVENUE
City-State-Zip: TAMPA FL 33606**Title** BOARD MEMBER
Name HAMILTON, CHRISTYNE B
Address 2105 WAITMAN AVE
City-State-Zip: LEESBURG FL 34748**Title** BOARD MEMBER
Name PURARIEGA, MADELINE
Address 1801 HERMITAGE BLVD
SUITE 210
City-State-Zip: TALLAHASSEE FL 32399-0300**Title** DIRECTOR
Name CYNTHIA, O'CONNELL
Address 1505 O'CONNELL LN
City-State-Zip: TALLAHASSEE FL 32317

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: CYNTHIA O'CONNELL**DIRECTOR****06/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date