

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42233

**Entity Name:** THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC9668773924****Current Principal Place of Business:**3320 THOMASVILLE ROAD  
SUITE 200  
TALLAHASSEE, FL 32308**Current Mailing Address:**3320 THOMASVILLE ROAD  
SUITE 200  
TALLAHASSEE, FL 32308 US**FEI Number: 59-3052307****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOMANT, SUSANNE FDR.  
3320 THOMASVILLE ROAD  
SUITE 200  
TALLAHASSEE, FL 32308 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	C
Name	COLE, RICHARD LJR.
Address	1720 SAINT JAMES CIRCLE
City-State-Zip:	THE VILLAGES FL 32162
Title	P
Name	HOMANT, SUSANNE F
Address	3320 THOMASVILLE RD., SUITE 200
City-State-Zip:	TALLAHASSEE FL 32308
Title	T
Name	BENTON, MARCY P
Address	P.O. BOX 407
City-State-Zip:	LAKELAND FL 33802-0407

Title	VC
Name	PALLANGO, BRIDGET R
Address	2121 N.W. 21ST STREET
City-State-Zip:	MIAMI FL 33142
Title	S
Name	MOORE, KAREN B
Address	2011 DELTA BLVD.
City-State-Zip:	TALLAHASSEE FL 32303

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: SUSANNE F. HOMANT****PRESIDENT AND CEO****01/14/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date