

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42233

Entity Name: THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.**FILED**
Jan 30, 2023
Secretary of State
7725186136CC**Current Principal Place of Business:**1709 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308**Current Mailing Address:**1709 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308 US**FEI Number: 59-3052307****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHASE, ALLISON
1709 HERMITAGE BOULEVARD
SUITE 100
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: ALLISON CHASE****01/30/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT & CEO
Name CHASE, ALLISON
Address 1709 HERMITAGE BOULEVARD
SUITE 100 SUITE 200
City-State-Zip: TALLAHASSEE FL 32308**Title** DIRECTOR
Name DOYLE, ALEXIS
Address 5700 SADDLEBROOK WAY
City-State-Zip: WESLEY CHAPEL FL 33543**Title** DIRECTOR
Name CHASE, ALLISON
Address 1709 HERMITAGE BOULEVARD
SUITE 100 ROOM 280P
City-State-Zip: TALLAHASSEE FL 32308**Title** DIRECTOR
Name JENNINGS, TODD
Address 201 N. FRANKLIN ST.
City-State-Zip: TAMPA FL 33602**Title** SECRETARY
Name BYERS, JAMES "CHIP"
Address 11567 REGENCY VILLAGE DR.
City-State-Zip: ORLANDO FL 32821**Title** DIRECTOR
Name FAHEY, LORI
Address 820 E. PARK AVE.
BLDG. F-100
City-State-Zip: TALLAHASSEE FL 32301**Title** TREASURER
Name HILLIARD, DOUG
Address 550 E. ROLLINS ST.
City-State-Zip: ORLANDO FL 32803**Title** VC
Name MIRZA-AGRAWAL, MAVARA DR.
Address 3305 FAIRFIELD LN.
City-State-Zip: WESTON FL 33331**Continues on page 2**

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: ALLISON CHASE**PRESIDENT & CEO****01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name SALLARULO, LAURIE
Address JUNIOR ACHIEVEMENT OF SOUTH FLORIDA
1130 COCONUT CREEK BLVD.
City-State-Zip: COCONUT CREEK FL 33066

Title DIRECTOR
Name WESTERMAN, STEPHANIE
Address 1709 HERMITAGE BOULEVARD
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name MCALISTER, BETHANY
Address 1709 HERMITAGE BOULEVARD
SUITE 100
City-State-Zip: TALLAHASSEE FL 32308