

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002329

**Entity Name:** NAIFA FLORIDA EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

6004 PICKWICK ROAD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

P.O. BOX 14365  
SUITE 200  
TALLAHASSEE, FL 32317 US

**FEI Number:** 59-3455328

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASHLEY, WILLIAM T II  
1836 HERMITAGE BLVD  
SUITE 200  
TALLAHASSEE, FL 32308-7706 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 DIRECTOR  
Name ASHLEY, WILLIAM T II  
Address 1836 HERMITAGE BLVD, STE 200  
City-State-Zip: TALLAHASSEE FL 32308-7706

Title PRESIDENT  
Name CHERNOFF, JEFFREY M  
Address 8568 N. DALE MABRY  
STE 2A  
City-State-Zip: TAMPA FL 33614

Title SECRETARY  
Name MOORE, LINDA M  
Address 1060 MAITLAND CTR COMMONS  
BLVD.  
STE 18  
City-State-Zip: MAITLAND FL 32751

*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:** WILLIAM T. ASHLEY, II

CEO

02/22/2018

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

\_\_\_\_\_  
Date