FOR THE GOVERNOR'S APPOINTMENTS OFFICE

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GOVERNOR'S APPOINTMENTS OFFICE

The information from this page has been requested and will be used exclusively by the GOVERNOR'S OFFICE.
Please type or use black ink.

1. Board of Interest: Trustee - Florida Gulf Coast University
2. Seat of Interest: _____
3. Current Employer and Occupation: NA
4. Are you applying for reappointment: Yes ◯ No ●
5. *Do you have a disability? Yes ◯ No ● If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

6. *Sex: Male ◯ Female ●
7. *Race: White ☒ Native-American/Alaskan Native ☐
   Hispanic-American ☐ Asian/Pacific Islander ☐
   African-American ☐
8. Are you now, or in the past three years have you been, a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. If yes, please describe. Yes ● No ◯

The League is comprised of women who were members of a Junior League. I am willing to resign if appointed by the Governor.

Email address dwcors@aol.com

Cellular Telephone Number 703-244-2650

Darleen Cors
Applicant's Name, including name commonly used (Please print)

* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

Revised 11/2011

QUESTIONNAIRE FOR GUBERNATORIAL APPOINTMENTS

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

2-15-16
Date Completed

1. Name: Mrs. (MR./MRS./MS./DR.) Cors (LAST) Darleen (FIRST) W (MIDDLE/MAIDEN)

2. Business Address: _____ (STREET) _____ (OFFICE #) _____ (CITY)

_____ (POST OFFICE BOX) _____ (STATE) _____ (ZIP CODE) _____ (AREA CODE/PHONE NUMBER)

3. Residence Address: 4151 Gulf Shore Blvd. N #1602 (STREET) Naples (CITY) Collier (COUNTY)

FL (STATE) 34103 (ZIP CODE) 239-213-1392 (AREA CODE/PHONE NUMBER)
(POST OFFICE BOX)

Specify the preferred mailing address: Business ◯ Residence ◉ Fax # _____ (optional)

4. A. List all your places of residence for the last ten (10) years.

ADDRESS	CITY & STATE	FROM	TO
7413 Georgetown Ct.	McLean, VA 22102	1967	-

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

ADDRESS	CITY & STATE	FROM	TO
1328 Portia Place	McLean, VA	1962	1967

5. Date of Birth: 5/27/41 Place of Birth: Cincinnati, Ohio

6. Social Security Number: s. 119.071(5)(a) F.S.

7. Driver License Number: s. 97.0585(1)(c) F.S. Issuing State: FL

8. Have you ever used or been known by any other legal name? Yes ◯ No ● If "Yes," list and explain.

9. Are you a United States citizen? Yes ● No ◯ If "No" explain:

If you are a naturalized citizen, date of naturalization: _____

10. Since what year have you been a continuous resident of Florida? approximately 2003

11. Are you a registered Florida voter? Yes ● No ◯ If "Yes" list:

A. County of registration: Collier B. Current party affiliation: _____

12. Education

A. High School: Dixie Heights HS, Edgewood, KY Year Graduated: 1959
(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

NAME & LOCATION	DATES ATTENDED	CERTIFICATES/DEGREES RECEIVED
U. of Cincinnati	1959-63	BS - Education

13. Are you or have you ever been a member of the armed forces of the United States? Yes ▬ No ● If "Yes" list:

A. Dates of service: _____

B. Branch or component: _____

C. Date & type of discharge: _____

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) If "Yes" give details:

DATE	PLACE	NATURE	DISPOSITION
NO			

15. Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	PERIOD OF EMPLOYMENT
NA			

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes ☐ No ☒
If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

POSITION	EMPLOYING AGENCY	PERIOD OF EMPLOYMENT

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

Service to this great State of Florida and our exceptional governor

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes ◉ No ○ If "Yes", list:

Selected for Kappa Delta Pi an International Honor Society in Education limited to top 20% of those entering the field of education

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes ☐ No ☒
If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

NA

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes ☐ No ☒ If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes ☐ No ☒ If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE	DATE OF ELECTION OR APPOINTMENT	TERM OF OFFICE	LEVEL OF GOVERNMENT

B. If your service was on an appointed board(s), committee(s), or council(s):

(1) How frequently were meetings scheduled: _____

(2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED	MEETINGS MISSED	REASON FOR ABSENCE

20. Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes ◯ No ◉ If "Yes", give details:

DATE	NATURE OF VIOLATION	DISPOSITION

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes ☐ No ☒ If "Yes", list:

A. Title of office: _____ C. Reason for suspension: _____

B. Date of suspension: _____ D. Result: Reinstated ◯ Removed ◯ Resigned ◯

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes ◯ No ◉
If "Yes", list:

A. Title of Office: _____

B. Term of Appointment: _____

C. Confirmation results: _____

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ◯ No ◉ If "Yes", explain:

_____

_____

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ◯ No ◉
If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE TITLE & NUMBER	ORIGINAL ISSUE DATE	ISSUING AUTHORITY	DISCIPLINARY ACTION/DATE

25. A. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ◯ No ◉ If "Yes", explain:

NAME OF BUSINESS	YOUR RELATIONSHIP TO BUSINESS	BUSINESS' RELATIONSHIP TO AGENCY

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ◯ No ◉ If "Yes", explain:

NAME OF BUSINESS	FAMILY MEMBER'S RELATIONSHIP TO YOU	FAMILY MEMBER'S RELATIONSHIP TO BUSINESS	BUSINESS' RELATIONSHIP TO AGENCY

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ◯ No ◉

A. Did you receive any compensation other than reimbursement for expenses? Yes ◯ No ◯

B. Name of agency or entity you lobbied and the principal(s) you represented:

AGENCY LOBBIED	PRINCIPAL REPRESENTED

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER
Dr. Kirt Anderson	849 7th Ave. S #696,	Naples FL 34102	239-213-1352
William Allyn	525 Gulf Shore Blvd N,	Naples FL 34102	239-430-4525
Karna Bodman	3007 Rum Row,	Naples FL 34102	239-430-8540

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME	MAILING ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP
The League Club	5051 Castello Dr. #240, Naples FL 34103		
239-353-3100		VP- Development	2008
Member Since 2003			

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ◉ If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes ◉ No ◯

CERTIFICATION

STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared _____, who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Marlen Cors

Signature of Applicant-Affiant

Sworn to and subscribed before me this 14 day of Feb, 2014.

Donna Zielinski

Signature of Notary Public-State of Florida

DONNA Zielinski

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 2-10-19

Personally Known ☐ **OR** Produced Identification ☑

Type of Identification Produced FLDL C620179416870

DONNA S. ZIELINSKI
Notary Public - State of Florida
Commission # FF 190402
My Comm. Expires Feb 10, 2019
Bonded through National Notary Assn.

(seal)