

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004292

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** FUTURE PROBLEM SOLVING PROGRAM INTERNATIONAL, INC.

**Current Principal Place of Business:**

2015 GRANT PLACE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

2015 GRANT PLACE  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 42-1234706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOLOMON, MARIANNE  
2015 GRANT PLACE  
MELBOURNE, FL 32901 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOYTHAL, ELIZABETH D  
Address: 9184 B 265TH STREET  
City-St-Zip: CLEAR LAKE, IA 50428 US

Title: PE ( ) Delete  
Name: ROGERS, CYD  
Address: 901 NEAL STREET BLDG 4A  
City-St-Zip: AUSTIN, TX 78702

Title: T ( ) Delete  
Name: TRAGESSER, CAROLYN  
Address: 4121 EUREKA RIDGE ROAD  
City-St-Zip: OROFINO, ID 83544

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PP ( ) Change (X) Addition  
Name: NANCY, WOGMAN  
Address: 52 COURT STREET  
City-St-Zip: CROMWELL, CT 06416

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIANNE SOLOMON

ED

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date