NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # N28964**

1. Corporation Name

FOUNDATION FOR EDUCATIONAL ACHIEVEMENT, INC.

Principal Place of Business 118 N. MONROE STREET TALLAHASSEE FL 32399-1700 Mailing Address

118 N. MONROE STREET TALLAHASSEE FL 32399-1700

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90050 028 ****61.25



2. Principal Pl	Principal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed			
21	26				10/21/1988			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		lied For	
22		27			59-2917898		Applicable	
City & State	City & State	ate		5. Certificate of Status Desired	\$8.75 Ac	ì		
23								
Zip	Country	Zip	Country		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Additional Additional Registered Agent				Name	Tignio dila , tanto			
TODANIA DATI ID				(D.C. D. M. L. L. M. M. A. L. M. M. A. L. M. M. A. L. M.				
TORNILLO, PAT L., JR.				82 Street Address (P.O. Box Number is Not Acceptable)				
118 N. MONROE ST TALLAHASSEE FL 32399-8700			83					
IALLANASSEE PL 32399-0700						Teel 3:- 0		
			84	City	FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named co	orporation submits this statement for the purpose of c	hanging its r	egistered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	FORD, ANDY		1.2 NAME		110 N Manage C4	•		
STREET ADDRESS			1.3 STREET	ADDRESS	118 N. Monroe St.	99-170	۱۵ ا	
CITY-ST-ZIP			1.4 CITY-S	r-zip				
TITLE	_		2.1 TITLE			Change	☐ Addition	
NAME	MOODY, RITA		2.2 NAME					
STREET ADDRESS	RT 2, BO 1363		2.3 STREET	ADDRESS			1	
CITY-ST-ZIP	FT MCCOY FL		2. 4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE	D DELETE		3.1 TITLE			□ Cusinge	☐ Addition	
NAME	LOPEZ, MARY		3.2 NAME					
STREET ADDRESS	1621 SW HARGRAVE STREET		3.3 STREET		•			
CITY-ST-ZIP	ARCADIA FL		3.4. CITY-S	T-ZIP		Change	☐ Addition	
TITLE	D	☐ DELETE	4.1 TITLE					
NAME	TORNILLO, PAT JR.		4. 2 NAME					
STREET ADDRESS	2020 011 0110 11121102		4.3 STREET					
CITY-ST-ZIP	MIAMI FL	NT OFFETT	4.4 CITY-S	T-ZIP		☐ Change	Addition	
TITLE			5.1 TITLE 5.2 NAME			☐ change		
NAME.	BUSH, ROBERT C		5.3 STREET	ADDRESS			ł	
STREET ADDRESS	1673 W PAUL DIRAC		5.4 CITY-S				1	
CITY-ST-ZIP	INCOME TO		6.1 TITLE	1-217		Change	Addition	
TITLE		☐ DETEIE	6.2 NAME		,			
NAME			6.3 STREET	TADODESS				
STREET ADDRESS			0.3 3) FCE !:	ALUKESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attackment with an other like empowered.

SIGNATURE:

2/3/99

(850)224-1161

Daytime Phone #