


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N28964
 1. Entity Name
FOUNDATION FOR EDUCATIONAL ACHIEVEMENT, INC.



Principal Place of Business Mailing Address
213 S. ADAMS STREET **213 S. ADAMS STREET**
TALLAHASSEE, FL 32301 US **TALLAHASSEE, FL 32301 US**

DO NOT WRITE IN THIS SPACE



03312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2917898 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
MEYER, RONALD G ESQ
2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FORD, ANDY
STREET ADDRESS	213 S. ADAMS ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	DVP
NAME	MCCALL, JOANNE
STREET ADDRESS	213 SOUTH ADAMS ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	WALLACE, AARON
STREET ADDRESS	213 SOUTH ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	DUKES, JUDY
STREET ADDRESS	428 NORTH BROADWAY STREET
CITY-ST-ZIP	STARKE, FL 32091
TITLE	DVP
NAME	COOK, CLARA
STREET ADDRESS	213 S. ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000524755
 05/04/06-80003-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Aaron Wallace 4-4-06 850-222-4767
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #