2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N38407

1. Entity Name
FOUNDATION FOR ACADEMIC EDUCATORS, INC.

Principal Place of Business	Mailing Address
% MARJORIE M. GRUBER 1516 SAUTERN DR SW FT MYERS, FL 33919-2721	% MARJORIE M. GRUBER 1516 SAUTERN DR SW FT MYERS, FL 33919-2721

DO NOT WRITE IN THIS SPACE

03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0199407
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRUBER, MARJORIE M.
1516 SAUTERN DR SW
FT MYERS, FL 33919

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required in all cases)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GRUBER, MARJORIE M
STREET ADDRESS	1516 SAUTERN
CITY ST ZIP	FT. MYERS, FL
TITLE	VSD
NAME	CHANNER, NANCY
STREET ADDRESS	221 CHALMER DR
CITY ST ZIP	N. FT. MYERS, FL 33917
TITLE	D
NAME	MCCLINTOCK, MAUREEN
STREET ADDRESS	590 BOULDER DRIVE
CITY ST ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/26/05-80037-018 61.25

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12. 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 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

239-489-2656

SIGNATURE: Marjorie M. Gruber Marjorie M.Gruber,Pres. 03/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #