

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001090

**Entity Name:** STEP UP FOR STUDENTS, INC.**Current Principal Place of Business:**4655 SALISBURY ROAD  
SUITE 400  
JACKSONVILLE, FL 32256**Current Mailing Address:**4655 SALISBURY ROAD  
SUITE 400  
JACKSONVILLE, FL 32256 US**FEI Number:** 59-3649371**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PFOUNTZ, JOSEPH E  
4655 SALISBURY ROAD  
SUITE 400  
JACKSONVILLE, FL 32256 US*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:** JOSEPH PFOUNTZ

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KIRTLEY, JOHN  
Address 4655 SALISBURY ROAD  
400  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name HERTOGE, ALLISON  
Address 4655 SALISBURY ROAD  
400  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name STOKES, CURTIS  
Address 4655 SALISBURY ROAD  
400  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name SHERMAN, PAUL  
Address 4655 SALISBURY ROAD  
400  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name OUTRAM, RICHARD  
Address 4655 SALISBURY ROAD  
400  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT  
Name TUTHILL, DOUG  
Address 4655 SALISBURY ROAD  
400  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name PFOUNTZ, JOSEPH  
Address 4655 SALISBURY ROAD  
400  
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY  
Name WHITE, ANNE  
Address 4655 SALISBURY ROAD  
400  
City-State-Zip: JACKSONVILLE FL 32256

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEPH P PFOUNTZCHIEF FINANCIAL  
OFFICER

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LAWSON, ALFRED, "AL" JR.  
Address 4655 SALISBURY ROAD  
400  
City-State-Zip: TAMPA FL 32256

Title DIRECTOR  
Name LEGG, JOHN  
Address 4655 SALISBURY ROAD  
SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title COO  
Name LYNCH, GINA  
Address 4655 SALISBURY ROAD  
SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name JOVE, TERRY  
Address 4655 SALISBURY ROAD  
SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF EXTERNAL AFFAIRS OFFICER  
Name SEARCY, LESLEY  
Address 4655 SALISBURY ROAD  
SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256