

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005756

**Entity Name:** FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.**Current Principal Place of Business:**215 SOUTH MONROE STREET  
SUITE 420  
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 10691  
TALLAHASSEE, FL 32302 US**FEI Number:** 26-0615175**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BUSH, JOHN E  
Address        1200 ANASTASIA AVENUE #500  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            ZACHARIAH, ZACHARIAH  
Address        4725 NORTH FEDERAL HIGHWAY  
City-State-Zip: FT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            CONDE, CESAR  
Address        9405 NW 41ST STREET  
City-State-Zip: MIAMI FL 33178

Title            DIRECTOR  
Name            KLEIN, JOEL  
Address        1211 AVENUE OF THE AMERICAS  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10036

Title            D  
Name            YABLONSKI, BRIAN  
Address        101 NORTH MONROE  
1060  
City-State-Zip: TALLAHASSEE FL 32301

Title            DIRECTOR  
Name            BROWN, REGINALD  
Address        1875 PENNSYLVANIA AVENUE NW  
City-State-Zip: WASHINGTON DC 20006

Title            SECRETARY  
Name            HANDY, PHIL  
Address        222 S PENNSYLVANIA AVE  
200  
City-State-Zip: WINTER PARK FL 32789

Title            DIRECTOR  
Name            OBERNDORF, BILL  
Address        505 SANSOME STREET  
1950  
City-State-Zip: SAN FRANCISCO CA 94111

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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:** PATRICIA LEVESQUE

CEO

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SIMON, BILL  
Address 702 SW 8TH STREET  
City-State-Zip: BENTONVILLE AR 72716

Title DIRECTOR  
Name RICE, CONDOLEEZZA  
Address 434 GALVEZ MALL  
City-State-Zip: STANFORD CA 94305-6010

Title CEO  
Name LEVESQUE, PATRICIA  
Address PO BOX 10691  
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR  
Name DEVOS, BETSY  
Address 201 MONROE AVENUE NW  
500  
City-State-Zip: GRAND RAPIDS MI 49503

Title DIRECTOR  
Name POWELL JOBS, LAURENE  
Address PO BOX 10691  
City-State-Zip: TALLAHASSEE FL 32302