

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005756

**Entity Name:** FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**4854661942CC**

**Current Principal Place of Business:**

215 SOUTH MONROE STREET  
SUITE 710  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 10691  
TALLAHASSEE, FL 32302 US

**FEI Number: 26-0615175**

**Certificate of Status Desired: No**

**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 DIRECTOR  
Name BROWN, REGINALD  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name HANDY, PHILIP  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name KLEIN, JOEL  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title CEO  
Name LEVESQUE, PATRICIA  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name CANTOR, ERIC  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT, DIRECTOR  
Name BUSH, JOHN E  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name HASLAM, DEE  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name HUBBARD, ALLAN  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

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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**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CERF, CHRISTOPHER  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name MARTINEZ, SUSANA  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name AYERS, JANET  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name CHARTRAND, GARY  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name RAUNER, BRUCE  
Address 215 SOUTH MONROE STREET  
SUITE 710  
City-State-Zip: TALLAHASSEE FL 32301