

2013 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:** No**Name and Address of Current Registered Agent:**LEVESQUE, PATRICIA
215 SOUTH MONROE STREET
SUITE 420
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

Continues on page 2

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**EXECUTIVE DIRECTOR****03/22/2013**

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