

2016 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:**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 PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name CONDE, CESAR
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title PRESIDENT
Name HANDY, F. PHILIP
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name KLEIN, JOEL
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title TREASURER
Name OBERNDORF, BILL
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title SECRETARY
Name DEVOS, BETSY
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title CHAIRMAN
Name RICE, CONDOLEEZZA DR.
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

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

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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****04/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHWAB, CHARLES
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name CAPERTON, GASTON
Address PO BOX 10691
City-State-Zip: TALLAHASSEE FL 32302