

**2021 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 TREASURER  
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 CEO  
Name LEVESQUE, PATRICIA  
Address PO BOX 10691  
City-State-Zip: TALLAHASSEE FL 32302

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

Title CHAIRMAN/PRESIDENT  
Name BUSH, JOHN E  
Address PO BOX 10691  
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR  
Name HASLAM, DEE  
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

02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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