

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004292

**Entity Name:** FUTURE PROBLEM SOLVING PROGRAM INTERNATIONAL, INC.

**FILED**  
**Jan 26, 2017**  
**Secretary of State**  
**CC8540109050**

**Current Principal Place of Business:**

2015 GRANT PLACE  
MELBOURNE, FL 32901

**Current Mailing Address:**

2015 GRANT PLACE  
MELBOURNE, FL 32901 US

**FEI Number: 42-1234706**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOLOMON, MARIANNE  
205 S ROBERT WAY  
SATELLITE BEACH, FL 32937 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 EXECUTIVE DIRECTOR  
Name SOLOMON, MARIANNE  
Address 205 S ROBERT WAY  
City-State-Zip: SATELLITE BEACH FL 32937

Title PRESIDENT  
Name FITE, JANET  
Address 202 SOUTH 14TH STREET  
City-State-Zip: SAVANNAH MO 64485

Title VICE PRESIDENT  
Name HICKS, FLORA ARGEN  
Address 2497 HOLLYWOOD HIGHWAY  
City-State-Zip: CLARKESVILLE GA 30523

Title SECRETARY, POLICY CHAIR  
Name NAVARINO, JASON  
Address 8 TALL TIMBER DRIVE  
City-State-Zip: MORRISTOWN NJ 07960

Title BOARD MEMBER  
Name BOYAS, MATTHEW  
Address 17 GROVE STREET  
APT 5  
City-State-Zip: BOSTON MA 02114

Title PERSONNEL CHAIR  
Name LIGHTFOOT, JUSTIN  
Address 620 DEER RUN DRIVE NE  
City-State-Zip: CEDAR RAPIDS IA 52402

Title BOARD MEMBER  
Name SQUIRE-WIGGINS, BEVERLEY  
Address 277 BRECKENRIDGE CIRCLE  
City-State-Zip: PALM BAY FL 32909

Title BOARD MEMBER  
Name CASTIGLIONE, KAREN  
Address 321 ORCHARD STREET  
City-State-Zip: WALLINGFORD CT 06492

**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: MARIANNE SOLOMON**

**EXECUTIVE DIRECTOR**

**01/26/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title FINANCE CHAIR  
Name HOSONO, ERWIN  
Address 1430 HARKER AVENUE  
City-State-Zip: PALO ALTO CA 94301

Title BOARD MEMBER  
Name QUINTANA, LISA  
Address 3549 KIMBLE DRIVE  
City-State-Zip: PLANO TX 75025