


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 764628	
1. Entity Name FRSA EDUCATIONAL AND RESEARCH FOUNDATION, INC.	

Principal Place of Business 4111 METRIC DR. WINTER PARK, FL 32792 US	Mailing Address P.O. DRAWER 4850 ORLANDO, FL 32793
---	---

DO NOT WRITE IN THIS SPACE



04032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2290298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNNELL, STEPHEN W
4111 METRIC DR.
WINTER PARK, FL 32792

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUTTER, STEVE
STREET ADDRESS	8284 VICO CT.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	C
NAME	PURDY, ROBERT
STREET ADDRESS	18 W STUMPFIELD RD
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	SILVERS, MICHAEL
STREET ADDRESS	2430 30TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	D
NAME	MUNNELL, STEPHEN
STREET ADDRESS	4111 METRIC DR
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	LUIKART, MELANIE
STREET ADDRESS	PO BOX 15636
CITY-ST-ZIP	WEST PALM BEACH, FL 33416
TITLE	D
NAME	SAMUELS, NEIL
STREET ADDRESS	PO BOX 511
CITY-ST-ZIP	DAYTONA BEACH, FL 32115

000000497155
04/22/06-80039-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen W Munnell **DATE:** 4/4/06 **DAYTIME PHONE #:** 407.671.3772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR