

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764628

FILED  
Mar 30, 2012  
Secretary of State

**Entity Name:** FRSA EDUCATIONAL AND RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

4111 METRIC DR.  
SUITE 6  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4850  
ORLANDO, FL 32793

**New Mailing Address:**

**FEI Number:** 59-2290298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATE, LISA  
4111 METRIC DR.  
SUITE 6  
WINTER PARK, FL 32792 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SUTTER, STEVE  
Address: 8284 VICO CT.  
City-St-Zip: SARASOTA, FL 34240

Title: D  
Name: CHESHIRE, JAMES  
Address: 2324 RANDALL RD  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: SILVERS, MICHAEL  
Address: 2430 30TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33713

Title: CEO  
Name: PATE, LISA  
Address: 4111 METRIC DR, STE 6  
City-St-Zip: WINTER PARK, FL 32792

Title: D  
Name: SIMS, LES  
Address: PO BOX 232  
City-St-Zip: SAN MATEO, FL 32187

Title: C  
Name: CONE, WILLIAM  
Address: 801 NW 57TH ST  
City-St-Zip: FT LAUDERDALE, FL 33309

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: LISA PATE

CEO

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date