2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002125

Entity Name: FAEP FOUNDATION, INC.

FILED Apr 28, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10720 NW 53RD TERRACE 15450 FRUITVILLE ROAD SARASOTA, FL 34240 US

Current Mailing Address: New Mailing Address:

10720 NW 53RD TERRACE 15450 FRUITVILLE ROAD SARASOTA, FL 34240 US

FEI Number: 32-0133339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROBERTS, CRAIG T DVM

10720 NW 53RD TERRACE

GAINESVILLE, FL 32653 US

NYGAAARD, ERIC A CJF
15450 FRUITVILLE ROAD
SARASOTA, FL 34240 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: ERIC A. NYGAARD, CJF 04/28/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PE

Name: SHELLOW, JACQUELINE S DVM Address: 3303 SIMMS STREET City-St-Zip: HOLLYWOOD, FL 33021 US

Title: PP

Name: KUEBELBECK, LEANN K DVM
Address: 605 E BLOOMINGDALE AVENUE
City-St-Zip: BRANDON, FL 33511 US

Title: PRES

 Name:
 HOUSE, AMANDA

 Address:
 16405 SW 15TH AVE

 City-St-Zip:
 NEWBERRY, FL 32669 US

Title: TREA

 Name:
 MILLER, COREY D DVM

 Address:
 7107 W HWY 326

 City-St-Zip:
 OCALA, FL 34482 US

Title: VP

Name: BONENCLARK, GREG DVM
Address: 21 NEVER BEND DRIVE
City-St-Zip: OCALS, FL 34482 US

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: ERIC A. NYGAARD, CJF ED 04/28/2010