

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000234

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR STUDENT PROGRESS, INC.

**Current Principal Place of Business:**

941 NE 19 AVENUE  
SUITE 210  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

941 NE 19 AVENUE  
SUITE 210  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 29-3975148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLINGHAM, TORY  
941 NE 19 AVENUE  
SUITE 210  
FORT LAUDERDALE, FL 33304 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: PD  
Name: WILLINGHAM, TORY  
Address: 408 NE 10 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VS  
Name: GOUVEIA, JAMES M  
Address: 612 NE 17 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D  
Name: KOVACS, CHARLES  
Address: 2700 NORTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34234

Title: D  
Name: WIENS, RENEE G  
Address: 31505 SANDIA COURT  
City-St-Zip: EVERGREEN, CO 80439

Title: D  
Name: HOLLOWAY, LINDA  
Address: 1053 ANCHOR ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

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: TORY WILLINGHAM

PD

02/18/2010

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

\_\_\_\_\_  
Date