

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001518

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** KORE TUITION ASSISTANCE FOUNDATION INC.

**Current Principal Place of Business:**

24 N MILLS AVE  
ORLANDO, FL 32801

**New Principal Place of Business:**

706 SOUTH SUMMERLIN  
ORLANDO, FL 32801

**Current Mailing Address:**

24 N MILLS AVE  
ORLANDO, FL 32801

**New Mailing Address:**

706 SOUTH SUMMERLIN  
ORLANDO, FL 32801

**FEI Number:** 26-4268054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEERS, JESSICA L  
24 N MILLS AVE  
ORLANDO, FL 32801 US

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

BEERS, JESSICA L  
706 SOUTH SUMMERLIN AVE  
ORLANDO, FL 32801 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: JESSICA BEERS

01/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BEERS, JESSICA L  
Address: 706 SOUTH SUMMERLIN  
City-St-Zip: ORLANDO, FL 32801

Title: TREA  
Name: SLAUGHTER, MELISHA V  
Address: 24 N MILLS AVE  
City-St-Zip: ORLANDO, FL 32801

Title: SECR  
Name: FARACE, LEILA A  
Address: 1018 22ND STREET NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: JESSICA BEERS

PRES

01/04/2010

Electronic Signature of Signing Officer or Director

Date