

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N28964

1. Entity Name
FOUNDATION FOR EDUCATIONAL ACHIEVEMENT, INC.



Principal Place of Business
213 S. ADAMS STREET
TALLAHASSEE, FL 32301 US

Mailing Address
213 S. ADAMS STREET
TALLAHASSEE, FL 32301 US

FILED

07 APR 26 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2917898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, RONALD G ESQ
2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FORD, ANDY 213 S. ADAMS ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MCCALL, JOANNE 213 SOUTH ADAMS ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, AARON 213 SOUTH ADAMS STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUKES, JUDY 428 NORTH BROADWAY STREET STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP COOK, CLARA 213 S. ADAMS STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/27

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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 617, 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: *Aaron Wallace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aaron Wallace

3/20/07

Date

850-222-4767

Daytime Phone #