

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28964

FILED  
Mar 17, 2009  
Secretary of State

**Entity Name:** FOUNDATION FOR EDUCATIONAL ACHIEVEMENT, INC.

**Current Principal Place of Business:**

213 S. ADAMS STREET  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

213 S. ADAMS STREET  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

**FEI Number:** 59-2917898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEYER, RONALD G ESQ  
2544 BLAIRSTONE PINES DRIVE  
TALLAHASSEE, FL 32301 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: DP ( ) Delete  
Name: FORD, ANDY  
Address: 213 S. ADAMS ST.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP ( ) Delete  
Name: MCCALL, JOANNE  
Address: 213 SOUTH ADAMS ST.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete  
Name: WALLACE, AARON  
Address: 213 SOUTH ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DST ( ) Delete  
Name: COOK, CLARA  
Address: 213 S. ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARA COOK

DST

03/17/2009

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

\_\_\_\_\_  
Date