

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000241

1. Entity Name

FORTUNE EDUCATION FOUNDATION, INC.



Principal Place of Business

5006 CYPRESS TRACE DRIVE
TAMPA FL 33624
US

Mailing Address

PO BOX 272286
TAMPA FL 33688-2286
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3223743

Applied For
Not Applicable

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

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

WARE, LEE E
5006 CYPRESS TRACE DR.
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 or officer of corporation

(NOTE: Registered Agent signature is required with this statement)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CURTIS, JOHN
30603 MIDTOEN CT
WESLEY CHAPEL FL 33544 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PITTMAN, BARBARA ESQ.
10014 N DALE MABRY HWY STE 101
TAMPA FL 33618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARRIS, HOWARD
2409 RIDGEWOOD AVE
TAMPA FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000000944709
05/29/08-80110-011 61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

3108 8/13/08 836-8090