SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N97000003139

FOUNDATION FOR LEARNING AND SUCCESS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

26

500 E FAIRFIELD DRIVE PENSACOLA FL 32503

2. Principal Place of Business

21

500 E FAIRFIELD DRIVE PENSACOLA FL 32503

## **FILED** Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90004 026 \*\*\*\*61.25

616575-90004-26



Applied For

3. Date Incorporated or Qualifed

05/29/1997

4. FEI Number

Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.	-		4. FEI Number		Apı	plied For
22	2	7			31-1573506		Not	t Applicable
City & State	2	City & State			5. Certificate of Status Desired		<b>\$8.75</b> .A Fee Re	
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	Mav Be
24	25 2	¬ '	]		Trust Fund Contribution		Added to	o Fees
24	9. Name and Address of Current Re	<u></u>	<u>'                                    </u>		10. Name and Address of New R	legistered /	Agent	
	a h	21	81	Name				
HUGHES, BEN Hen Thy him			82 Street Address (P.O. Box Number is Not Acceptable)					
C/O CHILDREN'S SERVICES CENTER								
1800 N PALAFOX ST			83					
PENSACOLA FL 32501			84	City	<u> </u>	FL	85 Zip C	ode
		1047 4500 51 14 01 14 14	46		retion submits this statement for the		changing its	registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Streature typed or protein name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Signature, typed or printed name of registered agent and t		13.	t signature required	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	OFFICERS AND DI	DELETE	1.1 TITLE		ADDITIONATION AND TO SEE	102.107.11	Change	Addition
TITLE	PD A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	!					_
NAME	ODOM, C W	1)XYL	1.2 NAME					ł
STREET ADDRESS	C/O 500 E FAIRFIELD DR	NOOM	1.3 STREET					1
CITY-ST-ZIP	PENSACOLA FL 32503		1.4 CITY-S	T-ZIP			Change	Addition
TITLE	VD	DELETE	2.1 TITLE				[ Ondarigo	
NAME	Brown, Eugene		2.2 NAME	1				
STREET ADDRESS	C/O 500 E FAIRFIELD DR		2.3 STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32503		2.4 CITY-S	T-ZIP			Ch	Addition
TITLE	SD	DELETE	3.1 TITLE				Change	☐ Addition }
NAME	DAVIS, VIČKIE	•	3.2 NAME					{
STREET ADDRESS	C/O 500 E FAIRFIELD DR		3.3 STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32503		3.4. CITY-S	T-ZIP				
TITLE	TD	DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	GULLEY, LINDA 🔍 🗘 🕙	1 4.16	4. 2 NAME					
STREET ADDRESS	C/O 500 E FAIRFIELD DR PENSACOLA FL 32503	asymmy	4.3 STREE	T ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32503	//	4.4 CITY-S	T-ZIP				
TITLE	D Maria	DELETE	5.1 TITLE				Change	☐ Addition
NAME	GOODWIN, MAXINE	wookwin !	5.2 NAME					}
STREET ADDRESS	C/O 500 E FAIRFIELD DR	• .	5.3 STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32503		5.4 CITY-S	T-ZIP				
TITLE	1 1011011001111111111111111111111111111	☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
i			6.3 STREET	TADORESS				
STREET ADDRESS			6.4 CITY-S	1				
CITY-ST-ZIP	and the state of t	- 6line don on the coults for the			ection 119 07/3\(i) Florida Statutes	I further cer	ify that the it	nformation

Indicated on this annual report or supplied with all silling does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that it am indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: