

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90206 027 ****61.25

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1. Entity Name
FOUNDATION FOR LEARNING AND SUCCESS, INC.



Principal Place of Business
29 S SPRING STREET
PENSACOLA, FL 32502

Mailing Address
29 S SPRING STREET
PENSACOLA, FL 32502

2. Principal Place of Business

PO Box 13643

Suite, Apt. #, etc.

3. Mailing Address

PO Box 13643

Suite, Apt. #, etc.

04132006

Chg-NP

CR2E037 (11/05)

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

31-1573506

Applied For

Not Applicable

Zip
32591

Country
usa

Zip
32591

Country
USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOARD, BARBARA
29 SOUTH SPRING STREET
PENSACOLA, FL 32501

Name

Barbara Hoard

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

6645 Dingo Dr.

City

Milton

FL

Zip Code
32583

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, 2006

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 P ☐ Delete
NAME HOARD, BARBARA
STREET ADDRESS 29 SOUTH SPRING STREET
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE VP ☐ Delete
NAME BARROWS, ANGIE
STREET ADDRESS 9975 UNIVERSITY PKWY
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME Barbara Hoard
STREET ADDRESS address
CITY-ST-ZIP PO Box 13643, Pensacola, FL 32591

TITLE V-P ☒ Change ☐ Addition
NAME Angie Barrows
STREET ADDRESS address
CITY-ST-ZIP PO Box 13643 Pensacola, FL 32591

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #