

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # N97000003139

1. Entity Name

FOUNDATION FOR LEARNING & SUCCESS



03 AUG 20 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
29 S. Spring St.
Suite, Apt. #, etc.

3. Mailing Address
29 S. Spring St.
Suite, Apt. #, etc.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE 02-07

City & State
Pensacola, FL
Zip
32501
Country
Escambia

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Zip
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Country
Escambia

4. FEI Number
31-1573506

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Barbara Hoard

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

29 S. Spring St.

City Pensacola

FL

Zip Code
32501

**DO NOT WRITE
IN THIS SPACE**

B Hoard

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

FEE IS \$61.25
Initial or Amended UBR

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
Barbara Hoard - President
STREET ADDRESS
29 S. Spring
CITY-ST-ZIP
Pensacola, FL 32501

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

100022446211
08/20/03--01051--003 **222.50

TITLE NAME
Angie Barrows - Vice Pres.
STREET ADDRESS
9975 University Pkwy
CITY-ST-ZIP
Pensacola, FL 32514

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

100022446211
08/20/03--01051--004 **15.00

TITLE NAME
Linda York - Treasurer
STREET ADDRESS
Escambia County Community Services
CITY-ST-ZIP
150 W. Maxwell, Pensacola, FL 32501

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

B Hoard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 30, 03 (850) 434-2431
Date Daytime Phone #

71 8/20