

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001090

Entity Name: STEP UP FOR STUDENTS, INC.**Current Principal Place of Business:**4655 SALISBURY ROAD
SUITE 400
JACKSONVILLE, FL 32256**Current Mailing Address:**4655 SALISBURY ROAD
SUITE 400
JACKSONVILLE, FL 32256 US**FEI Number:** 59-3649371**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PFOUNTZ, JOSEPH E
4655 SALISBURY ROAD
SUITE 400
JACKSONVILLE, FL 32256 US*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:** JOSEPH PFOUNTZ

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KIRTLEY, JOHN
Address 4655 SALISBURY ROAD
400
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name HERTO, ALLISON
Address 4655 SALISBURY ROAD
400
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name STOKES, CURTIS
Address 4655 SALISBURY ROAD
400
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SHERMAN, PAUL
Address 4655 SALISBURY ROAD
400
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name OUTRAM, RICHARD
Address 4655 SALISBURY ROAD
400
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name TUTHILL, DOUG
Address 4655 SALISBURY ROAD
400
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name PFOUNTZ, JOSEPH
Address 4655 SALISBURY ROAD
400
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name WHITE, ANNE
Address 4655 SALISBURY ROAD
400
City-State-Zip: JACKSONVILLE FL 32256

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I hereby 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 all other like empowered.

SIGNATURE: JOSEPH PFOUNTZ

TREASURER

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAWSON, ALFRED, "AL" JR.
Address 4655 SALISBURY ROAD
400
City-State-Zip: TAMPA FL 32256

Title DIRECTOR
Name LEGG, JOHN
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name JOVE, TERRY
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256