

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001090

Entity Name: STEP UP FOR STUDENTS-FLORIDA, 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:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 N CALHOUN ST #4
TALLAHASSEE, FL 32301 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:**_____
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	HERTOG, 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

Continues on page 2

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: SUSAN DUGAN

VP OF FINANCE

01/25/2023

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 COO
Name LYNCH, GINA
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title VICE PRESIDENT OF FINANCE
Name DUGAN, SUSAN
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title CMO
Name RANDALL, ALISSA
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title VP OF IT SOLUTIONS
Name GONSALVES, CRAIG
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

Title CHIEF EXTERNAL AFFAIRS OFFICER
Name SEARCY, LESLEY
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title D
Name MERRIWEATHER, DENISHA
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title VP LEADERSHIP DEVELOPMENT
Name LAROSE, JILL
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title SENIOR DIRECTOR
Name WHITLEY, JOSHUA
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256