

2025 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:** Yes**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	CHAIRMAN
Name	KIRTLEY, JOHN
Address	4655 SALISBURY ROAD 400
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	LAM, LINH
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	VC
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	CEO
Name	SCHOENHAAR, GRETCHEN
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	DIRECTOR
Name	LAWSON, ALFRED, "AL" JR.
Address	4655 SALISBURY ROAD 400
City-State-Zip:	TAMPA 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: SCOTT A SMITH**CONTROLLER****03/17/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title SECRETARY
Name SEARCY, LESLEY
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

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

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

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

Title COO
Name GORDON, JANIE
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

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

Title CONTROLLER
Name SMITH, SCOTT
Address 4655 SALISBURY ROAD
SUITE 400
City-State-Zip: JACKSONVILLE FL 32256