

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001034

Entity Name: THE FOOLPROOF FOUNDATION, INC.**Current Principal Place of Business:**516 DELANNOY AVE
COCOA, FL 32922**Current Mailing Address:**516 DELANNOY AVE
COCOA, FL 32922**FEI Number:** 46-2102687**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WHITE, BRADLEY FESQ
1795 W NASA BLVD
MELBOURNE, FL 32901 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, CHAIRMAN
Name KIRSCHENBAUM, MALCOLM R
Address 516 DELANNOY AVENUE
City-State-Zip: COCOA FL 32922-7814

Title DIRECTOR, VP
Name BASKIN, ROBERTA
Address 6613 32ND STREET, NW
City-State-Zip: WASHINGTON DC 20015

Title DIRECTOR, SECRETARY,
TREASURER
Name CUNNINGHAM, MARY
Address 113 BILBERRY LANE
City-State-Zip: CHANDLER NC 28715

Title DIRECTOR
Name DEHOO, WILL
Address 185 BEVERLY RD
SUITE 3
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name BUETTNER, DANIEL
Address 724 NORTH 1ST STREET
City-State-Zip: MINNEAPOLIS MN 55401

Title EXECUTIVE DIRECTOR
Name GUTHRIE, ANDREW
Address 516 DELANNOY AVE
City-State-Zip: COCOA FL 32922

Title PRESIDENT
Name COLEMAN, LENNETTE A
Address 4003 S. DREXEL BLVD.
City-State-Zip: CHICAGO IL 60653

Title DIRECTOR
Name SHEFFER, MICHAEL
Address 1512 COASTAL OAKS CIR
City-State-Zip: FERNANDINA BEACH FL 32034

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: ANDREW GUTHRIE**EXECUTIVE DIRECTOR****02/03/2025**

Electronic Signature of Signing Officer/Director Detail

Date