

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001602

Entity Name: HIGHSOPE EDUCATIONAL RESEARCH FOUNDATION, INC.**Current Principal Place of Business:**600 NORTH RIVER STREET
YPSILANTI, MI 48198**Current Mailing Address:**600 NORTH RIVER STREET
YPSILANTI, MI 48198**FEI Number:** 23-7001501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOONE, DAMARIS
402 W. MAIN STREET
IMMOKALEE, FL 34142 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:** DAMARIS BOONE

03/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name MARTELLA, JANA
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title D
Name LASH FREEMAN, BONNIE
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title DIRECTOR
Name MURPHY, TERRY
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title DIRECTOR
Name CORRAL-TERRAZAS, GLORIA
Address 1245 FARMERVILLE ST
City-State-Zip: CHULA VISTA CA 91921

Title DIRECTOR
Name MEYERS HYDE, ELIZABETH
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title DIRECTOR
Name STOKES, BRYAN JR.
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title DIRECTOR
Name BARBARIN, OSCAR
Address 600 N RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title PRESIDENT
Name BARRAZA, LUZ ALEJANDRA PHD
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

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: LUZ ALEJANDRA BARRAZA**PRESIDENT**

03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOBBAUGH, JACK
Address 643 PRINCETON PLACE
City-State-Zip: LAFAYETTE CO 80026

Title DIRECTOR
Name SHEPARD, JOSEPH
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198

Title DIRECTOR
Name PEREZ-BATRES, LUIS A. PHD
Address 600 NORTH RIVER STREET
City-State-Zip: YPSILANTI MI 48198