


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90010 022 ****61.25

DOCUMENT # 707691					
1. Entity Name FLORIDA ASSOCIATION OF EDUCATIONAL DATA SYSTEMS, INC.					
Principal Place of Business SCHOOL BOARD OF BREVARD COUNTY 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 32940-6699			Mailing Address 1040 E. PARK AVE TALLAHASSEE, FL 32301 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2767969	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STRUENSE, RICHARD SCHOOL BOARD OF BREVARD COUNTY 2700 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 32940-6699				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRUENSE, RICHARD W		NAME		
STREET ADDRESS	2700 JUDGE FRAN JAMIESON WAY		STREET ADDRESS		
CITY-ST-ZIP	VIERA, FL 329406699		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABE, FREDERIC N		NAME	Opper, John	
STREET ADDRESS	6621 BASS HWY		STREET ADDRESS	3302 Gallant Fox Trail	
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP	Tallahassee, FL 32309-1708	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIOTROWSKI, WILLIAM D		NAME	Parsons, Keith	
STREET ADDRESS	520 S. APPLERYARD DR. (LEON SCHOOLS)		STREET ADDRESS	709 E. Riveroak Dr	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMANN, DICK T		NAME		
STREET ADDRESS	1612 RIVER BIRCH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASA, DAVID A		NAME		
STREET ADDRESS	4100 STONE RIDGE CT		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP		
TITLE	PED	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEMAN, CARLOTTA		NAME		
STREET ADDRESS	3248 N. SHANNON LAKES DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Richard Struense</i> RICHARD STRUENSE, TREASURER			Date: 3/1/04		Daytime Phone #



02192004 Chg-NP CR2E037 (10/03)

(321) 633-1000 x700