FILE NOW: FILING FEE AFTER MAY 1 IS $155.00 3/95 CR 4694 - kn

APPROVED AND FILED

'95 MAR -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739267 (3)

1. Corporation Name

FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS, IN C.

Principal Place of Business	Mailing Address
206 B SOUTH MONROE ST TALLAHSSEE FL 32301	206 B SOUTH MONROE ST TALLAHSSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1977
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1558806 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PELAIA, WILLIAM DR.
206 B SOUTH MONROE STREET
TALLAHASSEE FL 32301-8864

10. Name and Address of New Registered Agent

81 Name: DR. DOUGLAS W. CRAWFORD
82 Street Address (P.O. Box Number is Not Acceptable): 206 S. S. MONROE ST
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☑ Change ☐ Addition
NAME	POPPELL, RONEL	1.2 NAME	JACK LAMB
STREET ADDRESS	1700 OLD MIDDLEBURG RD	1.3 STREET ADDRESS	301 4TH ST N.W.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	LARGO, FL 34640
TITLE	VP	2.1 TITLE	P-ELECT ☑ Change ☐ Addition
NAME	DEPREIST, CRAIG	2.2 NAME	EMMETT WINDHAM
STREET ADDRESS	800 NE 137 ST	2.3 STREET ADDRESS	501 4TH ST
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	WINDHAM, EMMETT	3.2 NAME	/
STREET ADDRESS	501 4TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	SHIRLEY, RICHARD	4.2 NAME	JACK MEEDS
STREET ADDRESS	300 S MARKET BLVD	4.3 STREET ADDRESS	11648 60TH ST N.
CITY-ST-ZIP	WEBSTER FL	4.4 CITY-ST-ZIP	ROYAL PALM BCH, FL 33411
TITLE	D	5.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	RAULERSON, PHOEBE	5.2 NAME	DAVID LAUER
STREET ADDRESS	3898 NW 144 DR	5.3 STREET ADDRESS	6000 LAKELAND N/GARLAND BLVD
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D	6.1 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	DABBS, LESTER	6.2 NAME	LINDA DAWSON
STREET ADDRESS	6000 STONEWALL JACKSON RD	6.3 STREET ADDRESS	1211 MELLONVILLE, AVE
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	WINTER PARK, FL 32771

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001691