

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 015 ****70.00

DOCUMENT # 739267

1. Entity Name
**FLORIDA ASSOCIATION OF SCHOOL
ADMINISTRATORS, INC.**



Principal Place of Business
**206 B SOUTH MONROE ST
TALLAHASSEE, FL 32301**

Mailing Address
**206 B SOUTH MONROE ST
TALLAHASSEE, FL 32301**

54069636



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07312004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1558806

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EADER, MICHAEL E
206 B SOUTH MONROE STREET
TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
SWARTZEL, STEVE
301 4TH STREET SW
LARGO, FL 33770** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**JOEL HERBST
6769 VIA REGINA
BOCA RATON, FL 33433** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AYRES, NURI
13022 WHISPER SOUND DR
TAMPA, FL 33624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ED
MICHAEL E. EADER
1595 APPLEWOOD WAY
TALLAHASSEE, FL 32312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MINNIS, JOAN
3262 TARPON WOODS BLVD
PALM HARBOR, FL 34685** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #