2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005
Secretary of State

DOCUMENT# 739267

Entity Name: FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.

Current Principal Place of Business:

206 B SOUTH MONROE ST
TALLAHSSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

206 B SOUTH MONROE ST
TALLAHSSEE, FL 32301

New Mailing Address:

FEI Number: 59-1558806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HERBST, JOEL DR.
206 B SOUTH MONROE STREET
TALLAHASSEE, FL 32301 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: DR. JOEL HERBST 07/14/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HERBERT, JOEL
Address: 6769 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: AYRES, NURI
Address: 13022 WHISPER SOUND DR
City-St-Zip: TAMPA, FL 33624

Title: DP ( ) Delete
Name: MINNIS, JOAN
Address: 3262 TARPON WOODS BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: ED ( ) Delete
Name: EADER, MICHAEL E
Address: 1595 APPLEWOOD WAY
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HERBERT, JOEL DR.
Address: 6769 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOEL HERBST DR. 07/14/2005
Electronic Signature of Signing Officer or Director Date