2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# 739267

Entity Name: FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.

Current Principal Place of Business:

326 WILLIAMS ST
TALLAHSSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

326 WILLIAMS ST
TALLAHSSEE, FL 32303

New Mailing Address:

FEI Number: 59-1558806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARFORD, JAMES M
326 WILLIAMS ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GIBLIN, FRAN
Address: 12811 GLADES RD
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete
Name: MOSS, CHRISTI
Address: C-4627 UNIVERSITY CENTER
City-St-Zip: TALLAHASSEE, FL 32306

Title: D ( ) Delete
Name: WRIGHT, MARIE
Address: 1600 NE 4TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33365

Title: ED ( ) Delete
Name: WARFORD, JAMES M
Address: 1504 MITCHELL AVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated in Chapter 119, 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: JIM WARFORD D 01/27/2009
Electronic Signature of Signing Officer or Director — Date