

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758437 (8)

1. Corporation Name
**FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION INC
ORPORATED**

Principal Place of Business Mailing Address
**322 LORA LANE 322 LORA LANE
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1981** 3a. Date of Last Report **03/11/1994**
4. FEI Number **59-2141327** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **10715 Clydesdale Dr** 26
Suite, Apt. #, etc. **E.** Suite, Apt. #, etc.
22 **Jacksonville, FL** 27
City & State City & State
23 **32257** 28
Zip Country Zip Country

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

9. Name and Address of Current Registered Agent
**ROLSTON, SUSAN
322 LORA LANE
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent
81 Name **Jayne Owens-Thompson**
82 Street Address (P.O. Box Number is Not Acceptable)
10715 Clydesdale Dr East
83
84 City **Jacksonville** FL 85 Zip Code **32257**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 **Jayne Owens-Thompson** *Jayne Owens-Thompson* **4-20-95**
Signature (typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------|
| TITLE | PD |
| NAME | BAKER, MARJORIE |
| STREET ADDRESS | 2911 N.W. 21ST AVENUE |
| CITY - ST - ZIP | GAINESVILLE FL |
| TITLE | VD |
| NAME | MCCAULEY, BETSY |
| STREET ADDRESS | 11143 W. PONY TRAIL |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | SD |
| NAME | GORDON, JODY |
| STREET ADDRESS | 445 W AMELIA ST |
| CITY - ST - ZIP | ORLANDO FL |
| TITLE | TD |
| NAME | ROLSTON, SUSAN |
| STREET ADDRESS | 322 LORA LANE |
| CITY - ST - ZIP | TARPON SPRINGS FL |
| TITLE | PED |
| NAME | ADAMS, CHARLOTTE |
| STREET ADDRESS | 601 S. FIRST STREET |
| CITY - ST - ZIP | LAKE CITY FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | Rolston, Susan PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 322 Lora Lane |
| 1.3 STREET ADDRESS | Tarpon Springs Fl |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Karen Scarborough |
| 2.3 STREET ADDRESS | 3700 N.E 53rd Ave |
| 2.4 CITY - ST - ZIP | Gainesville, FL 32609 |
| 3.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Dana Schafer |
| 3.3 STREET ADDRESS | 817 Bill Beck Blvd |
| 3.4 CITY - ST - ZIP | Kissimmee FL 34744 |
| 4.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Jayne Owens-Thompson |
| 4.3 STREET ADDRESS | 10715 Clydesdale Dr East |
| 4.4 CITY - ST - ZIP | Jacksonville, FL |
| 5.1 TITLE | PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Judy Gordon |
| 5.3 STREET ADDRESS | 445 W. Amelia St |
| 5.4 CITY - ST - ZIP | Orlando, FL |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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 110.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jayne Owens-Thompson** *Jayne Owens-Thompson* **4-20-95** **904 348-7755**
Signature (typed or printed name of signing officer on document) (Date) (Phone Number)