

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90024 045 ****70.00

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DOCUMENT # 758437

1. Entity Name

FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION INC

Principal Place of Business 10715 CLYDESDALE DRIVE JACKSONVILLE FL 32257 US	Mailing Address 30 EAST TEXAR DRIVE J.E. HALL CENTER PENSACOLA FL 32503
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00004205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7076 Ramoth Drive	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Volunteer Office</i>
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City & State Jacksonville, FL	City & State	4. FEI Number 59-2141327	Applied For Not Applicable
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Zip 32226	Country	Zip	Country	5. Certificate of Status Desired. <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEE, SALLY 30 TEXAR DRIVE J.E. HALL CENTER-VOLUNTEER PARTNERSHIPS PENSACOLA FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS-THOMPSON, JAYNE 10715 CLYDESDALE DRIVE JACKSONVILLE FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Wheeler, Margaret Anne 300 E. Belvedere Lakeland, FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE GATES, MARGARET ANNE 1915 SOUTH FLORAL AVENUE BARTOW FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D Woulard, Pam 8540. Sunspriete Court Orlando, FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, SALLY 30 EAST TEXAR DRIVE PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Correction</i> 30 E. Texar Drive (Volunteer Office) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SI PARPARD, SHELLEY 3304 FOREST HILL BLVD. #C-110 WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Ryan, Robert F. 6926 SW Adrianna Court Stuart, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD MCCAULEY, BETSY 3955 W. PENSACOLA STREET TALLAHASSEE FL 32304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP/D Owens-Thompson, Jayne 10715 Clydesdale Drive Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sally Lee* **SALLY L. LEE** 1/11/01 850/469-5676
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)