

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90761 033 ****61.25

DOCUMENT # 758437

1. Entity Name
 FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION INCORPORATED



Principal Place of Business: 7076 RAMOTH DR JACKSONVILLE, FL 32226 US

Mailing Address: 16013 CHASTAIN RD. ODESSA, FL 33556

14017768

2. Principal Place of Business: 3010 Southshore Cir.

3. Mailing Address: Suite, Apt. #, etc.

City & State: Tallahassee, FL

City & State: Suite, Apt. #, etc.

Zip: 32312 Country: USA



01302004 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2141327 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

DONNA HOUCHEN
 16013 CHASTAIN RD.
 ODESSA, FL 33556

7. Name and Address of New Registered Agent

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: *Donna Houchen* Donna Houchen Treasurer 4/30/04

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 May 1, 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

TITLE: PPD NAME: WHEELER, MARGARET ANNE STREET ADDRESS: 300 E. BELVEDERE CITY-ST-ZIP: LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: WAULARD, PAM STREET ADDRESS: 8540 SUNSPRITE COURT CITY-ST-ZIP: ORLANDO, FL 32818	<input type="checkbox"/> Delete
TITLE: TD NAME: HOUCHEN, DONNA STREET ADDRESS: 16013 CHASTAIN RD. CITY-ST-ZIP: ODESSA, FL 33556	<input type="checkbox"/> Delete
TITLE: SD NAME: TRAVIS, PAT STREET ADDRESS: 729 LOORNIS AVE CITY-ST-ZIP: DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete
TITLE: PED NAME: THURBUR, LISA STREET ADDRESS: 4009 MADISON ST. CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Woulard STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: Holly Labien STREET ADDRESS: 500 E. Ocean Boulevard CITY-ST-ZIP: Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: Jane Lane STREET ADDRESS: 400 E Lake Mary Blvd CITY-ST-ZIP: Sanford, FL 32773-7127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Donna Houchen* Donna Houchen Treasurer 4/30/04 813-872-5254

Signature and typed or printed name of signing officer or director Date Daytime Phone #