


FILED
Feb 05, 2007 8:00 am
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-05-2007 90119 023 ****70.00

DOCUMENT # 758437

1. Entity Name
FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION INCORPORATED



Principal Place of Business
**3010 SOUTH SHORE CIR
TALLAHASSEE, FL 32312 US**

Mailing Address
**3010 SOUTHSHORE CIRCLE
TALLAHASSEE, FL 32312**

60012554



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01302007 Chg-NP CR2E037 (12/06)

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
**HOUCHEN, DONNA C
16013 CHASTAIN RD.
ODESSA, FL 33556**

7. Name and Address of New Registered Agent

Name **Connie F. Wotton**

Street Address (P.O. Box Number is Not Acceptable)
1129 Tyler St.

City **Hollywood** FL Zip Code **33019**

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 **Connie F. Wotton, Treasurer/Director, Connie F. Wotton** **1/31/2007**

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, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP | TD HOUCHEN, DONNA 16013 CHASTAIN RD. ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LANCASTER, PAT 1007 WEST MAIN ST. INVERNESS, FL 34450 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANE, JANE 400 E LAKE MARY BLVD SANFORD, FL 32773127 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, JUDI 4131 S. US 1, BLDG 2, #4 FT. PIERCE, FL 34982 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JACKSON, DORETHA 301 4TH STREET LARGO, FL 33779 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED LASTOWSKI, PAM 3010 SOUTHSHORE CIRCLE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D Connie F. Wotton 1129 Tyler St. Hollywood, FL 33019 <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Rick Everitt 753 W. Boulevard Chipley, FL 32428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Susan Walton 325 W. Gaines St., #544 Tallahassee, FL 32399-0400 <input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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: **Connie F. Wotton, Treasurer/Director** **1/31/2007** **754-321-2040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

* Complete roster is attached.

ATTACHMENT

60012554

#758437

Attachment

2007 Not-For-Profit Corporation Annual Report

DOCUMENT # 758437

Entity: Florida Association of Partners In Education, Inc.

FEI: 59-2141327

Roster of All Florida Association of Partners In Education Officers/Directors

| Title | Name | Street Address | City, State, Zip | Change/ Addition |
|-------|----------------------|--------------------------------|--------------------------------|------------------------|
| P/D | Miller, Judi | 125 N. Second Street | Ft. Pierce, FL 34950 | |
| V/D | Jackson, Doretha | 301 4 th Street, SW | Largo, FL 33779-2942 | |
| T/D | Wotton, Connie F. | 1129 Tyler Street | Hollywood, FL 33019 | <u>Addition</u> |
| S/D | Lancaster, Pat | 1007 West Main Street | Inverness, FL 34450 | |
| M/D | Lastowski, Pam | 3010 Southshore Circle | Tallahassee, FL 32312 | |
| D | Everitt, Rick | 753 W. Boulevard | Chipley, FL 32428 | <u>Addition</u> |
| D | Lane, Jane | 400 E. Lake Mary Blvd. | Sanford, FL 32773-7127 | |
| D | Walton, Susan | 325 W. Gaines Street, #544 | Tallahassee, FL 32399- 0400 | <u>Addition</u> |

NOTE: Connie F. Wotton, Treasurer and Director of FAPE, was elected to replace previous Donna Houchen effective July 1, 2006.

1/31/07