

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# 758437

Entity Name: FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION INCORPORATED

Current Principal Place of Business:

3010 SOUTH SHORE CIR
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

3010 SOUTHSORE CIRCLE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-2141327 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LASTOWSKI, PAM
3010 SOUTHSORE CIRCLE
TALLAHASSEE, FL 32312 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: TD () Delete
Name: HANSON, KAREN
Address: 4238 BIRCHWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: WHEELER, MARGARET A
Address: P. O. BOX 391
City-St-Zip: BARTOW, FL 33831

Title: PD () Delete
Name: EVERITT, RICK
Address: 753 W. BOULEVARD
City-St-Zip: CHIPLEY, FL 32428 US

Title: VD () Delete
Name: EDNA, ROHLAND
Address: 1004 S. HIGHWAY 92, WEST
City-St-Zip: AUBURNDALE, FL 33823 US

Title: D () Delete
Name: JACKSON, DORETHA
Address: 301 4TH STREET
City-St-Zip: LARGO, FL 33779 US

Title: ED () Delete
Name: LASTOWSKI, PAM
Address: 3010 SOUTHSORE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

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
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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: KAREN MARIE HANSON

TD

04/29/2009

Electronic Signature of Signing Officer or Director

Date