

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90293 038 ****70.00

DOCUMENT # **758437**

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



Principal Place of Business Mailing Address
7076 RAMOTH DR JACKSONVILLE FL 32226 US
~~30 EAST TEXAR DRIVE~~
~~VOLUNTEER OFFICE~~
~~PENSACOLA FL 32503~~



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country
116013 Crastain Rd
Odessa, FL
33556 USA

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
LEE, SALLY
30 TEXAR DRIVE
J.E. HALL CENTER-VOLUNTEER PARTNERSHIPS
PENSACOLA FL 32503

7. Name and Address of New Registered Agent
Name **Donna Houchen**
Street Address (P.O. Box Number is Not Acceptable)
16013 Crastain Rd
City **Odessa** FL Zip Code **33556**

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 *Sally Lee, Past Treasurer* / *Donna Houchen, new Treasurer* **Jan. 8, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS \$61.25
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	PD WHEELER, MARGARET ANNE 300 E. BELVEDERE LAKELAND FL 33803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D WOULDARD, PAM 8540 SUNSPRITE COURT ORLANDO FL 32818 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, SALLY 30 E. TEXAR DRIVE (VOLUNTEER OFFICE) PENSACOLA FL 32503 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SI RYAN, ROBERT F 6928 SW ADRIANNA COURT STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD OWENS-THOMPSON, JAYNE 10715 CLYDESDALE DRIVE JACKSONVILLE FL 32257 <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	PP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Wheeler, Margaret Ann 300 E. Belvedere Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pam Woullard, Pam Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donna Houchen, Donna 16013 Crastain Rd Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Travis, Pat 729 Loomis Ave Daytona Beach, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thurber, Lisa 4009 madison st. Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lisa

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 C Houchen** 1/23/03 813-812-5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dorsime Phone #

CR2E037 (10/02)