2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N02000009694 1. Entity Name THE FLORIDA ABSTINENCE EDUCATION ASSOCIATION, INC.				05-03-2004 90696 006 ****61.25				
Principal Place of Business Mailing Address 6850 BELFORT OAK PLACE 6850 BELFORT OAK PLAI JACKSONVILLE, FL 32216 JACKSONVILLE, FL 3221								
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2. Principal Place of Business		3. Mailing Address			[1 1 1 1 1 1 1	IF BB1(18)(3)(1)(1)(1	10 10 10 10 10 10 10 10	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282004 C	hg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 13-423298	39	 	pplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Ac	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New R	legistered Agent		
A. RENEE POBJECKY		Name	Varne					
786 AVENUE C S.W. WINTER HAVEN, FL 33880		Street Address (P.O. Box Number is Not Acceptable)						
		·						
				City FL Zip Code				
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re-	gistered office or regis	stered agent, or both, in	the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE Signature, typed or printed name of registered agent another applicable. (NOTE: Registered Agent signature required when reinstating) DATE OF THE STATE OF THE STA								
	Signature, typed or printed name of registered agent	and the applicable. (NOTE: R	egistered Agent signature requ	uired when reinstating)		DATÉ /		
	Signature, typed or printed name of registed a spent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	1	BATE lake check payable ida Department of S		
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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 affect like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

(727)545-8492 20

Daytime Phone #