2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
07-01-2005 90004 025 ****61.25

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1. Entity Name
THE FLORIDA ABSTINENCE EDUCATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6850 BELFORT OAK PLACE JACKSONVILLE, FL 32216	6850 BELFORT OAK PLACE JACKSONVILLE, FL 32216

20061004

06082005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 13-4232989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

A. RENEE POBJECKY
786 AVENUE C S.W.
WINTER HAVEN, FL 33880

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULLARKEY, PAM
STREET ADDRESS	6850 BELFORT OAK PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	BROWN, DIANE J
STREET ADDRESS	1771 N. SEMORAN BLVD.
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	D
NAME	DANIELS, LINDA
STREET ADDRESS	8001 66TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 other like empowered.

SIGNATURE: _____ 6/8/05 (727) 545-8292 ext 232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #