## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009694

FILED Jan 16, 2009 Secretary of State

Entity Name: THE FLORIDA ABSTINENCE EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:			New Principal I	New Principal Place of Business:	
2901 BUSCH LAKE BLVD. TAMPA, FL 33614			3910 NORTHDALE BLVD., SUITE 210 TAMPA, FL 33624		
Current Mailing Address: 2901 BUSCH LAKE BLVD. TAMPA, FL 33614			New Mailing A	New Mailing Address: 3910 NORTHDALE BLVD., SUITE 210 TAMPA, FL 33624	
El Numbe	r: 13-4232989	FEI Number Applied For()	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name an	d Address of (	Current Registered Agent:	Name and Add	ress of New Registered Agent:	
786 AVEN	(Y, A. RENEE NUE C S.W. HAVEN, FL 33		purpose of changing its roo	istered office or registered agent, or bo	
Γhe above n the Stat	e named entity te of Florida.	submits this statement for the p	ourpose or changing its reg	natered office of registered agent, or bo	
n the Stat	te of Florida.	submits this statement for the p	ourpose or changing its reg	istered office of registered agent, or bo	
n the Stat	te of Florida. IRE:	submits this statement for the particles and the particles are statement for the particles are		Date	
n the Stat	te of Florida. IRE:	nic Signature of Registered Ag	ent		
n the Stat	te of Florida.  IRE: Electron  S AND DIREC  P ( SPELLMAN, CI	nic Signature of Registered Ago TORS: ) Delete HESTER T OAKS PLACE	ent	Date	
n the State SIGNATU  DFFICER Title: Jame: Address:	te of Florida.  RE: Electron  S AND DIREC  P ( SPELLMAN, CI 6850 BELFOR JACKSONVILL	nic Signature of Registered Agr FTORS:  ) Delete HESTER T OAKS PLACE E, FL 32216  ) Delete AVID L AKE BLVD.	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: HUB Address: 3910	Date IANGES TO OFFICERS AND DIRECT	
n the State BIGNATU  DFFICER Title: Jame: Address: City-St-Zip: Title: Jame: Address:	te of Florida.  RE: Electron  S AND DIREC  P ( SPELLMAN, CI 6850 BELFOR JACKSONVILL  T ( HUBBARTT, DA 2901 BUSCH L TAMPA, FL 33	nic Signature of Registered Age FTORS:  ) Delete HESTER T OAKS PLACE E, FL 32216  ) Delete AVID L AKE BLVD. 6614  ) Delete KIE DN DRIVE	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: HUB Address: 3910	Date  IANGES TO OFFICERS AND DIRECT  ( ) Change ( ) Addition  (X) Change ( ) Addition  BARTT, DAVID L 0 NORTHDALE BLVD., SUITE 210	

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: DAVID L. HUBBARTT T 01/16/2009