

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004974

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF SCHOOL PERSONNEL ADMINISTRATORS, INC.

**Current Principal Place of Business:**

2757 W PENSACOLA STREET  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

2757 W PENSACOLA STREET  
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number:** 59-3698888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MELANSON, BARBARA  
1445 EDUCATION WAY  
PORT CHARLOTTE, FL 33948 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: P ( ) Delete  
Name: MELANSON, BARBARA  
Address: 1445 EDUCATION WAY  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V ( ) Delete  
Name: MELENDEZ, JAVIER  
Address: 445 W AMELIA STREET  
City-St-Zip: ORLANDO, FL 32801

Title: P ( ) Delete  
Name: KONSTANTINIDIS, HARRIET  
Address: 301 4TH STREET SW  
City-St-Zip: LARGO, FL 33770

Title: S ( ) Delete  
Name: BOWDEN, KERRYNN  
Address: 1915 S FLORAL AVE  
City-St-Zip: BARTOW, FL 33830

Title: T ( ) Delete  
Name: SOUTHERN, CANDY  
Address: 2757 W PENSACOLA STREET  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: KEYTON, LINDA  
Address: 310 NW 11TH AVE  
City-St-Zip: TRENTON, FL 32693

**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  
Name:  
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: CANDY SOUTHERN

TREA

02/24/2009

Electronic Signature of Signing Officer or Director

Date