

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005333

FILED
Jan 05, 2011
Secretary of State

Entity Name: FLORIDA ADULT AND TECHNICAL DISTANCE EDUCATION CONSORTIUM, INC.

Current Principal Place of Business:

FATDEC % ACE OF FLORIDA, INC.
912 S MARTIN LUTHER KING, JR. BLVD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

FATDEC % ACE OF FLORIDA, INC.
365 SW PANTHER TRACE
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 27-0252101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATES, KIM
365 SW PANTHER TRACE
PORT ST LUCIE, FL 34953 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
Name: KELLY, WILLIAM
Address: 77 E NINE ONE HALF MILE ROAD
City-St-Zip: PENSACOLA, FL 32534

Title: S
Name: LUEBBE, JOAN CFCC
Address: LEVY CENTER, 114 RODGERS BLVD
City-St-Zip: CHIEFLAND, FL 32626

Title: T
Name: CLARK, LEIGHANN
Address: ACE OF FLORIDA, INC., 912 S MLK JR BLVD
City-St-Zip: TALLAHASSEE, FL 32301

Title: V
Name: MARSH, NANCY
Address: 13043 SCHARBER ROAD
City-St-Zip: DADE CITY, FL 33525

I hereby 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 all other like empowered.

SIGNATURE: KIM GATES

D

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date