


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N39823

1. Entity Name
FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOLS, INC.



Principal Place of Business 461 PLAZA DRIVE SUITE C DUNEDIN, FL 34698 US	Mailing Address 461 PLAZA DRIVE SUITE C DUNEDIN, FL 34698 US
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04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2348803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAY, DAVID M
461 PLAZA DRIVE, SUITE C
DUNEDIN, FL 34698

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASANOVA, ALICIA 12101 SW 34TH STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLISS, SKARDON 1211 N WESTSHORE BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, CATHERINE 5625 HOLY TRINITY DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAY, DAVID 461 PLAZA DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRINK, MARK 7207 MONETARY DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WACKES, KEN 2240 N CYPRESS BEND DR #302 POMPAÑO BEACH, FL 33069

U00000500963
 04/25/06-80042-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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: *David M. Ray* **DAVID M. RAY** 4/7/06 727-734-7096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #