

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# N99000006835

Entity Name: FLORIDA ASSOCIATION OF INTERNATIONAL EDUCATORS, INC.

**Current Principal Place of Business:**

USF/ISSS,4202 E FOWLER AVE  
CPR 107  
TAMPA, FL 33620

**New Principal Place of Business:**

**Current Mailing Address:**

USF/ISSS,4202 E FOWLER AVE  
CPR 107  
TAMPA, FL 33620

**New Mailing Address:**

FEI Number: 59-3641239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

TAYLOR, MARCIA E  
USF/ISSS,4202 E FOWLER AVE  
CPR 107  
TAMPA, FL 33620 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: TD ( ) Delete  
Name: TAYLOR, MARCIA E  
Address: USF/ISSS,4202 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33620

Title: CD ( ) Delete  
Name: BEVEL, LORI  
Address: 701 EAST ECONLACKHATCHEE TRAIL MC 3-15  
City-St-Zip: ORLANDO, FL 32802

Title: CD ( ) Delete  
Name: HAGEN, KRISTEN  
Address: 107 S. WILDWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32306

**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:

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: MARCIA TAYLOR

TD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date