

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N43782

1. Entity Name
FLORIDA COUNCIL OF INDEPENDENT SCHOOLS, INC.



Principal Place of Business

INTERSTATE BLDG.
1211 N WESTSHORE BLVD., SUITE 612
TAMPA, FL 33607

Mailing Address

INTERSTATE BLDG.
1211 N WESTSHORE BLVD., SUITE 612
TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-0816894

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLISS, C. SKARDON
1211 N WESTSHORE BLVD.
SUITE 612
TAMPA, FL 33607

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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	D GEHMAN, RICHARD 8009 SW. 14 AVE GAINSVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, TERESA 2820 SOUTH MILLER ROAD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTTON, JOAN; ED.D. 167 NW 109TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVELETH, DOUGLAS C 1001 CHILLUM COURT SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100027380101
01/22/04--01013--002 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

C. Skardon Bliss, Executive Director 813-287-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/04