


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 8:00 am
Secretary of State

01-18-2005 90033 004 ****61.25

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
--	--

66002166



02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0816894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BLISS, C. SKARDON 1211 N WESTSHORE BLVD. SUITE 612 TAMPA, FL 33607	DO NOT WRITE 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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 GAINESVILLE, 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	

**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 all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas C. Eveleth 813-287-2820

Date Daytime Phone #