

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90253 017 ****61.25

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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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0816894	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLISS, C. SKARDON 1211 N WESTSHORE BLVD. SUITE 612 TAMPA, FL 33607				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHMAN, RICHARD 8009 SW. 14 AVE GAINSVILLE, FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, TERESA 2820 SOUTH MILLER ROAD VALRICO, FL 33594 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbara Hodges 2001 Fleischmann Road; Tallahassee 32308 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTTON, JOAN, ED.D. 167 NW 109TH ST. MIAMI, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Catherine Ford 5625 Holy Trinity Drive Melbourne, FL 32940 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVELETH, DOUGLAS C 1001 CHILLUM COURT SAFETY HARBOR, FL 34695 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John E. Trainer, Jr., Ph.D. 7400 San Jose Blvd. Jacksonville, FL 32217 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 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:		1/10/06		813-287-2820	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	