

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N43782

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



Principal Place of Business
1211 N WESTSHORE BLVD., SUITE 612
TAMPA, FL 33607

Mailing Address
1211 N WESTSHORE BLVD., SUITE 612
TAMPA, FL 33607



02062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GEHMAN, RICHARD
STREET ADDRESS 8009 SW. 14 AVE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE D
NAME HODGES, BARBARA
STREET ADDRESS 2001 FLEISCHMAN ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME FORD, CATHERINE
STREET ADDRESS 5625 HOLY TRINITY DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

C. Skardon Bliss
C SKARDON BLISS

2/6/08

813/287-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #