

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04997

FILED
Apr 18, 2012
Secretary of State

Entity Name: FLORIDA PARENT EDUCATORS ASSOCIATION, INC.

Current Principal Place of Business:

255 EAST DR., STE H
MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

255 EAST DR., STE H
MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 59-2608204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, JEFF
255 EAST DR., STE H
MELBOURNE, FL 32904 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: PCD
Name: HALL, JEFF
Address: 255 EAST DR., STE H
City-St-Zip: MELBOURNE, FL 32904

Title: TD
Name: SILVA, JIM
Address: 255 EAST DR., STE H
City-St-Zip: MELBOURNE, FL 32904

Title: D
Name: BEATY, SUSIE
Address: 255 EAST DR., STE H
City-St-Zip: MELBOURNE, FL 32904

Title: D
Name: WAGNER, SANDY
Address: 255 EAST DR., STE H
City-St-Zip: MELBOURNE, FL 32904

Title: SECD
Name: SINGLETARY, SHERYL
Address: 255 EAST DR., STE H
City-St-Zip: MELBOURNE, FL 32904

Title: D
Name: MIKELL, LEE
Address: 255 EAST DR., STE H
City-St-Zip: MELBOURNE, FL 32904

I hereby 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 all other like empowered.

SIGNATURE: JIM SILVA

TREA

04/18/2012

Electronic Signature of Signing Officer or Director

Date