### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 707691** 

Entity Name: FLORIDA ASSOCIATION OF EDUCATIONAL DATA SYSTEMS,

INC.

FILED
Jan 27, 2017
Secretary of State
CC8287831789

### **Current Principal Place of Business:**

3302 GALLANT FOX TRL TALLAHASSEE, FL 30309

## **Current Mailing Address:**

1040 E PARK AVE

TALLAHASSEE, FL 32301-2677 US

FEI Number: 59-2767969 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

OPPER, JOHN 3302 GALLANT FOX TRL TALLAHASSEE, FL 32309 US

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:

Name

Name

Address

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title TREASURER, DIRECTOR Title PAST PRESIDENT, DIRECTOR, BY-

Title

Address

Address

LAWS CHAIRMAN

HISTORIAN, DIRECTOR

2995 N UMBERLAND DR

Name OPPER, JOHN

Name JASA, DAVID A

Address 3302 GALLANT FOX TRL

Address 4100 STONE RIDGE CT

City-State-Zip: TALLAHASSEE FL 32309

City-State-Zip: FORT PIERCE FL 34951

Title PRESIDENT, DIRECTOR

INGRAM, THOMAS

Name NIMMONS, WILLIAM 1806 E JACKSON ST

City-State-Zip: PENSACOLA FL 32501

City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY, DIRECTOR

Title PRESIDENT ELECT, DIRECTOR,

BROWN, TIM R

CONFERENCE CHAIRMAN

712 OCEAN GATE LN

Address 2410 BASS BAY DR

Name PATROU, BRUCE

City-State-Zip: TALLAHASSEE FL 32312

City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR

Title DIRECTOR

Name HENDRICK, CARL

Name DEISING, RYAN

Address 1832 E MARION ST

Address 25 CAMP MCRAE LN

City-State-Zip: PALATKA FL 32177 Address

City-State-Zip: ORMOND BEACH FL 32174

#### Continues on page 2

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: JOHN OPPER TREASURER 01/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR, MEMBERSHIP CHAIRMAN

Name FLETCHER, PATRICK

Address 14259 CATTLE EGRET PL

City-State-Zip: LAKEWOOD FL 34202