DOCUMENT# 707691
Entity Name: FLORIDA ASSOCIATION OF EDUCATIONAL DATA SYSTEMS, INC.
Current Principal Place of Business:

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

3302 GALLANT FOX TRL TALLAHASSEE, FL 30309

Current Mailing Address:

1040 E PARK AVE TALLAHASSEE, FL 32301-2677 US

FEI Number: 59-2767969

Name and Address of Current Registered Agent:

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

Feb 12, 2019 Secretary of State 4386592517CC

Date

FILED

Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Direc	ctor Detail :		
Title	TREASURER, DIRECTOR	Title	DIRECTOR
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	PAST-PRESIDENT, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	INGRAM, THOMAS	Name	PATROU, BRUCE
Address	1806 E JACKSON ST	Address	712 OCEAN GATE LN
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	ST AUGUSTINE FL 32080
Title	DIRECTOR	Title	DIRECTOR
Name	DEISING, RYAN	Name	ADAM, MICHELLE
Address	25 CAMP MCRAE LN	Address	1201 PEARL ST
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	KEY WEST FL 33040
Title	DIRECTOR	Title	SECRETARY, DIRECTOR
Name	DUDLEY, JASON	Name	LANEAU, RICK
Address	4114 SW 21ST PL	Address	6463 6TH AVE N
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	ST. PETERSBURG FL 33710

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.

Flastrania Circatura ef Circina Officar/Director Datail		
SIGNATURE: JOHN OPPER	TREASURER	02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	NOMINATIONS CHAIRMAN, DIRECTOR
Name	HART, MELISSA	Name	MARTIN. HENRY
Address	7443 ALOE DR		,
City-State-Zip: SPRING HILL FL 34607	SPRING HILL FL 34607	Address	718 KIDD RD
		City-State-Zip:	DEFUNIAK SPRINGS FL 32433
Title	DIRECTOR	T .(1)	
		Title	DIRECTOR
Title Name	DIRECTOR PENDHARKAR, DAYA	Title Name	DIRECTOR CULBERT, JAMES
		Name	CULBERT, JAMES
Name	PENDHARKAR, DAYA		