

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707691

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC7951879464**

**Entity Name:** FLORIDA ASSOCIATION OF EDUCATIONAL DATA SYSTEMS, INC.

**Current Principal Place of Business:**

3302 GALLANT FOX TRAIL  
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 TRAIL  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            WEBMASTER, DIRECTOR  
Name            WHITE, WILLIAM  
Address        12472 LAKE UNDERHILL #290  
City-State-Zip: ORLANDO FL 32828

Title            TREASURER, DIRECTOR  
Name            OPFER, JOHN  
Address        3302 GALLANT FOX TRAIL  
City-State-Zip: TALLAHASSEE FL 32309

Title            PAST PRESIDENT, DIRECTOR  
Name            JASA, DAVID A  
Address        4100 STONE RIDGE CT  
City-State-Zip: FORT PIERCE FL 34951

Title            PRESIDENT, DIRECTOR  
Name            INGRAM, THOMAS  
Address        1806 E. JACKSON ST  
City-State-Zip: PENSACOL FL 32501

Title            HISTORIAN, DIRECTOR  
Name            NIMMONS, WILLIAM  
Address        2995 N. UMBERLAND DR  
City-State-Zip: TALLAHASSEE FL 32309

Title            DIRECTOR, AWARDS CHAIRMAN  
Name            SMITH, DAVID  
Address        4105 PIPELINE RD  
City-State-Zip: PANAMA CITY FL 32404

Title            SECRETARY, DIRECTOR  
Name            BROWN, TIM R.  
Address        2410 BASS BAY DR  
City-State-Zip: TALLAHASSEE FL 32312

*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 OPFER

**TREASURER**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date