### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758437** 

Entity Name: FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION

**INCORPORATED** 

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

3938 BOBBIN BROOK CIRCLE TALLAHASSEE, FL 32312

## **Current Mailing Address:**

3938 BOBBIN BROOK CIRCLE TALLAHASSEE, FL 32312 US

FEI Number: 59-2141327 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION 3938 BOBBIN BROOK CIRCLE TALLAHASSEE, FL 32312 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: MARILYN SEAY 04/10/2015

> Electronic Signature of Registered Agent Date

# Officer/Director Detail:

Title TD Title SD

Name SEAY, MARILYN Name SPRADLEY, DOROTHY Address 3938 BOBBIN BROOK CIRCLE Address 372 W DUVAL STREET City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: LAKE CITY FL 32055

Title **PRESIDENT** Title D Name MORRIS, LINDA Name STARK, LIZ

Address 24047 HAWK HAVEN LANE Address 1725 SE 1ST AVENUE City-State-Zip: GAINESVILLE FL 32641 City-State-Zip: HILLIARD FL 32046

Title **DIRECTOR** Title D Name AU, SARA Name ROBERGE, MICHELLE

Address 445 W AMELIA ST. 301 4TH STREET, SW Address City-State-Zip: ORLANDO FL 32801 LARGO FL 33770 City-State-Zip:

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.

04/10/2015 SIGNATURE: MARILYN SEAY **TREASURER** 

**FILED** Apr 10, 2015

**Secretary of State** 

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