

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04997

Entity Name: FLORIDA PARENT EDUCATORS ASSOCIATION, INC.**Current Principal Place of Business:**255 EAST DR., STE H
MELBOURNE, FL 32904**Current Mailing Address:**255 EAST DR., STE H
MELBOURNE, FL 32904 US**FEI Number:** 59-2608204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALL, JEFF
255 EAST DR., STE H
MELBOURNE, FL 32904 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	PCD
Name	HALL, JEFF
Address	255 EAST DR., STE H
City-State-Zip:	MELBOURNE FL 32904

Title	DIRECTOR
Name	CLAPP, SYDNEY
Address	255 EAST DR., STE H
City-State-Zip:	MELBOURNE FL 32904

Title	SD
Name	BEATY, SUSIE
Address	1794 N.E. 40TH STREET
City-State-Zip:	FT. LAUDERDALE FL 33334

Title	D
Name	NUNN, SUZANNE
Address	3911 TURNBURY ST.
City-State-Zip:	VALRICO FL 33596

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

Title	DIRECTOR
Name	DEMARCO, ROMEO
Address	255 EAST DR., STE H
City-State-Zip:	MELBOURNE FL 32904

Title	VD
Name	SINGLETARY, SHERYL
Address	1475 BETHEL CHURCH RD.
City-State-Zip:	TALLAHASSEE FL 32304

Title	D
Name	VELAZQUEZ, AJ
Address	341 GLENRIDGE RD
City-State-Zip:	KEY BISCAYNE FL 33149

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**TREASURER****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date