

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004974

**Entity Name:** FLORIDA ASSOCIATION OF SCHOOL PERSONNEL  
ADMINISTRATORS, INC.**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**5810987091CC****Current Principal Place of Business:**201 W BURLEIGH BLVD  
ATTN: M HOPPENSTEDT  
TAVARES, FL 32778**Current Mailing Address:**201 W BURLEIGH BLVD  
ATTN: M HOPPENSTEDT  
TAVARES, FL 32778 US**FEI Number: 59-3698888****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOPPENSTEDT, MICHELE F  
201 W BURLEIGH BLVD  
ATTN: M HOPPENSTEDT  
TAVARES, FL 32778 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: MICHELE F HOPPENSTEDT****04/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           HEVEY, CAROLYN  
Address        400 EAST LAKE MARY BLVD.  
City-State-Zip: SANFORD FL 32773

Title            PRESIDENT ELECT  
Name           BROWN, SEYMOUR M.  
Address        301 4TH STREET SW  
City-State-Zip: LARGO FL 33770

Title            DIRECTOR  
Name           KING, ROBIN M.  
Address        200 N. CLARA AVE.  
City-State-Zip: DELAND FL 32720

Title            TREASURER  
Name           HOPPENSTEDT, MICHELE  
Address        201 W BURLEIGH BLVD  
                  ATTN: M HOPPENSTEDT  
City-State-Zip: TAVARES FL 32778

Title            IMMEDIATE PAST PRESIDENT  
Name           GRANT, KELLA  
Address        1701 PRUDENTIAL DR  
City-State-Zip: JACKSONVILLE FL 32207

Title            SECRETARY  
Name           WALKER, ANGELA  
Address        P.O. BOX 100  
City-State-Zip: CRAWFORDVILLE FL 32326

Title            NON-INSTRUCTIONAL  
                  REPRESENTATIVE  
Name           VANDER VOSSEN, SUSAN  
Address        445 W. AMELIA ST  
City-State-Zip: ORLANDO FL 32801

Title            DIRECTOR  
Name           WILLIAMS, GAIL  
Address        3300 FOREST HILL BLVD  
                  SUITE A-132  
City-State-Zip: WEST PALM BEACH FL 33406

**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: MICHELE HOPPENSTEDT****TREASURER****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               HOWARD, RUBY  
Address            1450 N.E. 2ND AVE  
                      SUITE 260  
City-State-Zip:    MIAMI FL 33132

Title               PROGRAM COORDINATOR  
Name               THOMPSON, DIANNA  
Address            420 SE ALVAREZ AVE  
City-State-Zip:    OCALA FL 34471