

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004974

Entity Name: FLORIDA ASSOCIATION OF SCHOOL PERSONNEL
ADMINISTRATORS, INC.**FILED**
Jan 28, 2013
Secretary of State
CC3781939296**Current Principal Place of Business:**445 WEST AMELIA STREET
ORLANDO, FL 32801**Current Mailing Address:**445 WEST AMELIA STREET
ORLANDO, FL 32801**FEI Number: 59-3698888****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MELENDEZ, JAVIER
445 WEST AMELIA STREET
ORLANDO, FL 32801 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	P
Name	MELENDEZ, JAVIER
Address	445 WEST AMELIA STREET
City-State-Zip:	ORLANDO FL 32801
Title	P
Name	MELANSON, BARBARA
Address	1445 EDUCATION WAY
City-State-Zip:	PORT CHARLOTTE FL 33948
Title	S
Name	WELLS, KAREN
Address	P.O. BOX 100
City-State-Zip:	CRAWFORDVILLE FL 32326
Title	OFFICER
Name	WILLIAMS, GAIL
Address	500 E. OCEAN BLVD.
City-State-Zip:	STUART FL 34994

Title	VP
Name	PELLITO, LAURIE
Address	919 N. BROAD STREET
City-State-Zip:	BROOKSVILLE FL 34601
Title	T
Name	GREENWOOD, BARBARA
Address	445 WEST AMELIA STREET
City-State-Zip:	ORLANDO FL 32801
Title	D
Name	HOWARD, RUBY
Address	1500 BISCAYNE BLVD, SUITE 137
City-State-Zip:	MIAMI FL 33132
Title	DIRECTOR
Name	HEVEY, CAROLYN
Address	400 EAST LAKE MARY BLVD.
City-State-Zip:	SANFORD FL 32773

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: BARBARA GREENWOOD**TREASURER****01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRANT, KELLA
Address 1701 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name BOWERSOX, CHUCK
Address 901 EAST KENNEDY BLVD.
City-State-Zip: TAMPA FL 33602