

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005333

**FILED  
Apr 07, 2015  
Secretary of State  
CC2974448903**

**Entity Name:** FLORIDA ADULT AND TECHNICAL DISTANCE EDUCATION CONSORTIUM, INC.

**Current Principal Place of Business:**

FATDEC % ACE OF FLORIDA, INC.  
912 S MARTIN LUTHER KING, JR. BLVD  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

FATDEC % ACE OF FLORIDA, INC.  
365 SW PANTHER TRACE  
PORT ST. LUCIE, FL 34953

**FEI Number: 27-0252101**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GATES, KIM  
365 SW PANTHER TRACE  
PORT ST LUCIE, FL 34953 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           VP  
Name           ARNOTT, JEFF  
Address        1246 MARQUISE CT  
City-State-Zip: ROCKLEDGE FL 32955

Title           PRESIDENT  
Name           EDDLEMAN, JAMIE  
Address        1311 SOUTH 9TH ST  
City-State-Zip: LEESBURG FL 34748

Title           T  
Name           WISE, BERNADETTE  
Address        12 FORRELL AVE  
City-State-Zip: TITUSVILLE FL 32796

Title           SECRETARY  
Name           LUEBBE, JOAN  
Address        1004 SE 5TH AVENUE  
City-State-Zip: CRYSTAL RIVER FL 34429

*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: BERNADETTE WISE**

**TREASURER**

**04/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date