

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

DOCUMENT# N09000005333

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**0905317005CC**

**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           PRESIDENT  
Name           ARNOTT, JEFF  
Address        1246 MARQUISE CT  
City-State-Zip: ROCKLEDGE FL 32955

Title           VP  
Name           JETER, DANIELLE  
Address        100 WELDON BOULEVARD  
City-State-Zip: SANFORD FL 32773

Title           T  
Name           ROBITAILLE, JAMIE  
Address        1311 SOUTH 9TH STREET  
City-State-Zip: LEESBURG FL 34748

Title           SECRETARY  
Name           LAWLESS, DONNA  
Address        740 17TH AVE N  
City-State-Zip: ST PETERSBURG FL 33704

*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: JAMIE ROBITAILLE**

**TREASURER**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date