

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39823

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC8271636331**

**Entity Name:** FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOLS, INC.

**Current Principal Place of Business:**

1211 N WESTSHORE BLVD  
SUITE 612  
TAMPA, FL 33607

**Current Mailing Address:**

1211 N WESTSHORE BLVD  
SUITE 612  
TAMPA, FL 33607 US

**FEI Number: 59-2348803**

**Certificate of Status Desired: No**

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

HODGES, BARBARA H  
1211 N WESTSHORE BLVD  
SUITE 612  
TAMPA, FL 33607 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	LOGAN, TERI
Address	200 NW 109 AVENUE
City-State-Zip:	MIAMI FL 33172
Title	SECRETARY
Name	SCHENDEL, LUANNE
Address	3304 43RD STREET WEST
City-State-Zip:	BRADENTON FL 34209
Title	IMMEDIATE PAST PRESIDENT
Name	BURKE, HOWARD
Address	P.O. BOX 10009
City-State-Zip:	TALLAHASSEE FL 32302

Title	PRESIDENT
Name	HODGES, BARBARA
Address	1211 N WESTSHORE BLVD, #612
City-State-Zip:	TAMPA FL 33607
Title	TREASURER
Name	HICKS, STEVE
Address	5246 CENTERVILLE RD
City-State-Zip:	TALLAHASSEE FL 32309

*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 HODGES**

**PRESIDENT**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date