

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39823

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

**FILED  
Jan 10, 2018  
Secretary of State  
CC0980643396**

**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: Yes**

**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 HOLTZHOUSE, DAVID  
Address 461 PLAZA DR. SUITE C  
City-State-Zip: DUNEDIN FL 34698

Title PRESIDENT  
Name HODGES, BARBARA  
Address 1211 N WESTSHORE BLVD, #612  
City-State-Zip: TAMPA FL 33607

Title SECRETARY  
Name SCHENDEL, LUANNE  
Address 3304 43RD STREET WEST  
City-State-Zip: BRADENTON FL 34209

Title TREASURER  
Name HICKS, STEVE  
Address 1748 HIGHLAND OAKS BLVD  
City-State-Zip: LUTZ FL 33559

Title IMMEDIATE PAST PRESIDENT  
Name BURKE, HOWARD  
Address P.O. BOX 10009  
City-State-Zip: TALLAHASSEE FL 32302

*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: STEVEN HICKS**

**TREASURER**

**01/10/2018**

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

\_\_\_\_\_  
Date