

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90432 033 \*\*\*\*61.25

**DOCUMENT # 701862**

1. Entity Name  
**FLORIDA EDUCATION ASSOCIATION, INC.**



Principal Place of Business  
**213 SOUTH ADAMS ST.  
TALLAHASSEE, FL 32301 US**

Mailing Address  
**213 SOUTH ADAMS ST.  
TALLAHASSEE, FL 32301 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-0246333**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, RONALD C ESQ.  
2544 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>DINNEN, MAUREEN<br>213 SOUTH ADAMS STREET<br>TALLAHASSEE, FL 32301 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>FORD, ANDY<br>213 S. ADAMS ST.<br>TALLAHASSEE, FL 32301           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DST<br>LEE, BOB<br>213 S. ADAMS ST.<br>TALLAHASSEE, FL 32301             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DUKES, JUDY<br>428 N. BROADWAY ST.<br>STARKE, FL 32091              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MCCALL, JOANNE<br>9340 CR 125B<br>WILDWOOD, FL 34785                | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>Aaron Wallace<br>213 S. Adams Street<br>Tallahassee, FL 32301 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Aaron Wallace - Aaron Wallace** 4/29/04

**201-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

54044518  
# 701860

|                |                               |
|----------------|-------------------------------|
| Title          | D                             |
| Name           | Jeff Siskind                  |
| Street Address | 404 W 25 <sup>th</sup> Street |
| City State Zip | Sanford, FL 32771             |
|                |                               |
| Title          | D                             |
| Name           | Gilda Morgan-Williams         |
| Street Address | 1459 N. Mangonia Circle       |
| City State Zip | West Palm Beach, FL 33401     |
|                |                               |
| Title          | D                             |
| Name           | Constance Higginbotham        |
| Street Address | 6202 Bahama Court             |
| City State Zip | Orange Park, FL 32073         |

attach

Title  
Name  
Street Address  
City State Zip

D  
George Williams  
P. O. Box 368  
Madison, FL 32341

54049518  
# 701862