


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. | | | |
| City & State | | City & State | | 4. FEI Number 59-0246333 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 | | |
| | | | State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | DP DINNEN, MAUREEN 213 SOUTH ADAMS STREET TALLAHASSEE, FL 32301 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP FORD, ANDY 213 S. ADAMS ST. TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST LEE, BOB 213 S. ADAMS ST. TALLAHASSEE, FL 32301 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUKES, JUDY 428 N. BROADWAY ST. STARKE, FL 32091 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCALL, JOANNE 9340 CR 125B WILDWOOD, FL 34785 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Aaron Wallace 213 S. Adams Street Tallahassee, FL 32301 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(3)(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: <u>Aaron Wallace - Aaron Wallace 4/29/04</u> Date <u>201-2800</u> Daytime Phone # | | | | | |

attachment

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701862

FLORIDA EDUCATION ASSOCIATION, INC.

DOCUMENT #701862

2004 Not-For-Profit Corporation

Uniform Business Report

10. Title D **DELETE**
Name Carolyn Underwood
Street Address 712 Canterbury Road
City State Zip Clearwater, FL 33764
- Title D
Name Elliott, Linda
Street Address 104 Fiesta Drive
City State Zip Ormond Beach, FL 32174
- Title D
Name Johnson, Dr. Shirley
Street Address 2200 Biscayne Boulevard
City State Zip Miami, Florida 33137
- Title D **DELETE**
Name Pat Barber
Street Address 1523 Sixth Ave. West, DeSoto Towers G-1
City State Zip Bradenton, FL 34205
- Title D **DELETE**
Name Steve Anderson
Street Address 114 Larkspur Drive
City State Zip Altamonte Springs, FL 32701
- Title D
Name Roy Weatherford
Street Address 5425 County Road 579
City State Zip Seffner, Florida 33584

11. **Additions to Officers**

- Title D
Name Jeff Siskind
Street Address 404 W 25th 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

attachment

Title
Name
Street Address
City State Zip

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

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