

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
05 MAY -2 AM 9:02  
TALLAHASSEE, FLORIDA



01042005 Chg-NP CR2E037 (10/03) 05

4. FEI Number 59-0246333 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
MEYER, RONALD C ESQ.  
2544 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
05/17/05--010321-0137 \*\*\*61.25  
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.  
900054668929  
05/17/05--01032--013 \*\*\*61.25

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, 2005  
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	DP	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, ANDY		NAME	Clara Cook	
STREET ADDRESS	213 S. ADAMS ST.		STREET ADDRESS	213 S. Adams Street	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUKES, JUDY		NAME	Linda Elliott	
STREET ADDRESS	428 N. BROADWAY ST.		STREET ADDRESS	104 Fiesta Drive	
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCALL, JOANNE		NAME	Dr. Shirley Johnson	
STREET ADDRESS	9340 CR 125B		STREET ADDRESS	14253 NW 83rd Place	
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, AARON		NAME	Roy Weatherford	
STREET ADDRESS	213 S. ADAMS STREET		STREET ADDRESS	5425 County Road 579	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Seffner, FL 33584	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jeff Siskind	
STREET ADDRESS			STREET ADDRESS	404 W 25th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Sanford, FL 32771	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gilda Morgan-Williams	
STREET ADDRESS			STREET ADDRESS	1459 N. Mangonia Circle	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33401	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2-14-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**FLORIDA EDUCATION ASSOCIATION , INC.**  
**DOCUMENT #701862**  
**2005 Not-For-Profit Corporation**  
**Uniform Business Report**

**11. Additions to Officers**

Title	D
Name	Constance Higginbotham
Street Address	6202 Bahama Court
City State Zip	Orange Park, FL 32073

Title	D
Name	George Williams
Street Address	P. O. Box 368
City State Zip	Madison, FL 32341