2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 703362

FILED Jan 28, 2005 8:00 am Secretary of State

01-28-2005 90033 039 ****70.00

FLORIDA	SCHOOL BOARDS AS	SOCIATIO	N, INC.								
203 SOUTH MONROE STREET			Mailing Address 203 SOUTH MONROE STREET TALLAHASSEE, FL 32301				50007861				
2. Principal F	Place of Business	3. Mail	ing Address	·							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222005	Chg-NP	CR2E03	7 (10/03)		
City & Stat	е	Cit	City & State				4. FEI Number 59-1229			-	plied For
Žip	Country	Zip	Zip Cou		untry		5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Cur	rent Registere	d Agent				7. Name and	Address of New	Registered A	gent	
					Name						
	I, WAYNE DR										
	H MONROE ST		Street Address			aaress (r	(P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301			·							_	
				City	-				Zip Code		
				City				FL	Zip Cou	•	
	named entity submits this stateme tions of registered agent.	int for the purp	ose of changing its	register	ed office or	register	ed agent, or bot	h, in the State of I	Florida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered	spent and title if and	licable. (NOTE	Registere	d Agent signatu	ure required	when reinstating)	resident to the square	DATE	LIBE	. είτε μ ε !
4. (-22.				.,,	L				: 1. Yiva	W 1.2 11	. 4
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financin Trust Fund Contribution ಲಿಲ್			ł	\$5.00 May B Added to Fees	е .	Make check orlda Depart	payable to	
10.	OFFICERS AN	DIRECTORS	•	11.				ANGES TO OFFIC	CERS AND DIR	ECTORS IN	10
TITLE	STD		☐ Delete	TITL	E, `	PD			• • • • • • • • • • • • • • • • • • • •	L Change	Addition
NAME -	BLANTON, WAYNE DR			NAM		TOM	. GREER	7-03	_		
STREET ADDRESS	203 SOUTH MONROE ST				EET ADDRESS	300	20 COMAI	UCHE ROAT			
CITY-ST-ZIP	TALLAHASSEE, FL			CITY-ST-ZIP			r. CLOUD, FL 34772				
TITLE	D		🔀 Delete	TITL	E	VP:				🖳 Спалде	Addition
NAME	GRAHAM, WILLIAM			NAM	·- 1	Sue	HERSH	EY			
STREET ADDRESS	1429 BETA COURT				EET ADDRESS	500	E OCE	NO BOUL	E A WKD		
CITY-ST-ZIP	LAKE CLARKE SHORES, FI	. 33406		CITY	-\$t-zip	STI	LART, T	-L 3499	4		
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NAME	SHARPE, BARBARA			NAM		JA	ack LAMI	De Dy Bou			
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CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

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GAINESVILLE, FL 32602

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KEY WEST, FL 33040

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BLANTON

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