

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90047 024 ****70.00

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1. Entity Name
FLORIDA SCHOOL BOARDS ASSOCIATION, INC.



Principal Place of Business
203 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

Mailing Address
203 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

60006714



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1229569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLANTON, WAYNE DR
203 SOUTH MONROE ST
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BLANTON, WAYNE DR
STREET ADDRESS	203 SOUTH MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D, PRESIDENT
NAME	LAMB, JACK
STREET ADDRESS	901 EAST KENNEDY BOULEVARD
CITY-ST-ZIP	TAMPA, FL 336023507
TITLE	PD
NAME	GREER, TOM
STREET ADDRESS	3020 COMANCHE ROAD
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	VPD
NAME	HERSHEY, SUE
STREET ADDRESS	500 EAST OCEAN BOULEVARD
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2006 414-2578
Date Daytime Phone #