

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90011 012 \*\*\*\*70.00

**DOCUMENT # 703362**

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**

**40008876**



**DO NOT WRITE IN THIS SPACE**

01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1229569**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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 \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLANTON, WAYNE DR 203 SOUTH MONROE ST TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P-D</del> LAMB, JACK 901 EAST KENNEDY BOULEVARD TAMPA, FL 336023507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>GREER, TOM</del> 3620 GOMANACHE ROAD SAINT CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD-P</del> HERSHEY, SUE 500 EAST OCEAN BOULEVARD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JEANNE DOZIER 1818 Llewellyn DR. FORT MYERS, FL 33901
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

**1/24/2007**  
Date

**850/414-2578**  
Daytime Phone #