2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2008 8:00 am Secretary of State

| DOCUMENT # 703362 Entity Name ORIDA SCHOOL BOARDS ASSOCIATION, INC. | | | 02-1 | 26-2008 90004 016 ****70.00 | |
|--|------------------------|--|--|---|--|
| Principal Place of Business 203 SOUTH MONROE STREET TALLAHASSEE, FL 32301 Mailing Address 203 SOUTH MONROE STREE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 | | | | IIILO OKINO KIOK OISKI SIOKI OIOKI ONOKI ONOKI OSOKIINAS OLANOS | |
| Principal Place of Business - No P.O. Box # Mailing Address | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 02212008 Chg-N | P CR2E037 (12/06) | |
| City & State City & State | | | 4. FEI Number 59-1229569 | Applied For Not Applicable | |
| Zip Country Zip | | Country | 5. Certificate of Status | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registere | d Agent | | 7. Name and Address | of New Registered Agent | |
| BLANTON, WAYNE DR 203 SOUTH MONROE ST TALLAHASSEE, FL 32301 | | Name | | | |
| | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | City | FL Zip Code | | |
| The above named entity submits this statement for the purportine obligations of registered agent. | ose of changing its re | gistered office or registe | ered agent, or both, in the S | State of Florida. I am familiar with, and accept | |
| | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if app | licable. (NOTE: F | Registered Agent signature require | ed when reinstating) | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contribu | | | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO | O OFFICERS AND DIRECTORS IN 10 | |
| TITLE STD | Delete | TITLE | | Change Addition | |
| NAME BLANTON, WAYNE DR STREET ADDRESS 203 SOUTH MONROE ST | | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP TALLAHASSEE, FL | | CITY-ST-ZIP | | | |
| INTLE D | Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME LAMB, JACK | CA Descie | NAME | | | |
| STREET ADDRESS 901 EAST KENNEDY BOULEVARD | | STREET ADDRESS | | | |
| CITY-SI-ZIP TAMPA, FL 336023507 | | CITY-ST-ZIP | | | |
| TITLE P | ☐ Delete | THE D | | ☐ enange ☐ Addition | |
| NAME HERSHEY, SUE STREET ADDRESS 500 EAST OCEAN BOULEVARD | | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP STUART, FL 34994 | | CITY-ST-ZIP | | | |
| TITLE VPD | ☐ Delete | IIILE P | | ☐ Change ☐ Addition | |
| NAME DOZIER, JEANNE | OCICIO | NAME | | | |
| STREET ADDRESS 1818 LIEWELLYN DRIVE | | STREET ADDRESS | | | |
| CITY-ST-ZIP FORT MYERS, FL 33901 | | CITY-ST-ZIP | | | |
| 1 1 \ (1242) | Delete | TITLE | | ☐ Change ☐ Addition | |
| WPD Start | | | | | |
| NAME BEVERLY SLOWH SIBET ADDRESS 2160 STATE ROAD 13 | | NAME STREET ADDRESS | | ` <u>.</u> . | |
| STREET ADDRESS 2190 STATE ROAD 13 | 2259 | STREET ADORESS CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | |
| NAME STREET ADDRESS 2190 STATE ROAD 13 | 2259 | STREET ADDRESS | | ☐ Change ☐ Addition | |
| NAME SIREEI ADDRESS CITY-ST-ZIP SWITZERLAND, FL 3. | | STREET ADDRESS CITY-ST-ZIP | · | ☐ Change ☐ Addition | |
| NAME SIRELI ADDRESS CITY-ST-ZIP SIDITZERLAND, FL 3. | | STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ Change ☐ Addition | |

indicated on this report or suppremental 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, Fiorida 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.

2.21.08

850 414 2578

Daytime Phone #