

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714559

FILED
Feb 14, 2005
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION, INC.

Current Principal Place of Business:

1220 N. PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1220 N. PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1282030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, MARSAN H
1220 N PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEIGER, JODI
Address: 925 HOWLAND BLVD
City-St-Zip: DELTONA, FL 32739

Title: ED () Delete
Name: CARR, MARSAN H
Address: 1220 N PAUL RUSSELL RD
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MILLER, SUSAN
Address: 5410 NORTH 20TH ST.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GEIGER, JODI
Address: 117 VALENCIA DRIVE
City-St-Zip: EDGEWATER, FL 32132

Title: ED (X) Change () Addition
Name: CARR, MARSAN H
Address: 1220 N PAUL RUSSELL RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: DEVORE, FRED
Address: 500 N APPLEBYARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSAN CARR

ED

02/14/2005

Electronic Signature of Signing Officer or Director

Date