

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90017 041 \*\*\*\*61.25

**DOCUMENT # 715331**

1. Entity Name  
**THE FLORIDA ASSOCIATION OF DISTRICT SCHOOL  
SUPERINTENDENTS, INC.**



Principal Place of Business  
**208 S MONROE ST  
TALLAHASSEE, FL 32301 US**

Mailing Address  
**208 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**23-7017835**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOSSRIE, DAVID CEO  
208 S MONROE ST  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **David Mosrie**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **HARVARD, WYMAN**  
STREET ADDRESS **702 2ND STREET NW**  
CITY-ST-ZIP **LIVE OAK, FL 32064**

TITLE **ST** ☐ Delete  
NAME **DEARING, ROGER**  
STREET ADDRESS **1990 25TH STREET**  
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **D** ☐ Delete  
NAME **CONNER, THOMAS**  
STREET ADDRESS **P.O. BOX 1980**  
CITY-ST-ZIP **LABELLE, FL 33975**

TITLE **P** ☐ Delete  
NAME **MILLER, DAVID**  
STREET ADDRESS **126 HIGH DRIVE**  
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **PE** ☐ Delete  
NAME **WILCOX, SARA**  
STREET ADDRESS **500 E OCEAN BLVD**  
CITY-ST-ZIP **STUART, FL 34994**

TITLE **PE** ☒ Delete  
NAME **LEONARD, EARL**  
STREET ADDRESS **PO BOX 3408**  
CITY-ST-ZIP **TAMPA, FL 336013408**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary-Treasurer** ☐ Change ☒ Addition  
NAME **Mike Lannon**  
STREET ADDRESS **2909 Delaware Avenue**  
CITY-ST-ZIP **7th Pierce, FL 34947-7299**

TITLE **President Elect** ☒ Change ☐ Addition  
NAME **215 Manatee Avenue West**  
STREET ADDRESS **Bradenton, FL 34205**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME **David Owens**  
STREET ADDRESS **900 Walnut Street**  
CITY-ST-ZIP **Green Cove Springs, FL 32043**

12. I hereby 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/13/04**

Date

Daytime Phone #