2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715331

FILED Jul 06, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

208 S MONROE ST

TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

208 SOUTH MONROE STREET TALLAHASSEE, FL 32301 US

FEI Number: 23-7017835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOSRIE, DAVID 208 S MÓNROE ST

TALLAHASSEE, FL 32301 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LANNON, MIKE LANNON, MIKE Name: Name: 2909 DELAWARE AVE Address: 2909 DELAWARE AVE Address: City-St-Zip: FORT PIERCE, FL 349477299 City-St-Zip: FORT PIERCE, FL 349477299

Title: () Delete Title: (X) Change () Addition DEARING, ROGER Name: DEARING, ROGER Name:

Address: A15 MANATEE AVE W Address: A15 MANATEE AVE W City-St-Zip: BRADENTON, FL 34205 City-St-Zip: BRADENTON, FL 34205

Title: () Delete Title: () Change () Addition

CONNER, THOMAS Name: Name: Address: P.O. BOX 1980 Address: City-St-Zip: LABELLE, FL 33975 City-St-Zip:

Title: ST () Delete Title: PΕ (X) Change () Addition

Name: MCCALISTER, JAMES Name: MCCALISTER, JAMES Address: 1311 BALBOA AVE Address: 1311 BALBOA AVE City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete Title: (X) Change () Addition

WILCOX, SARA JOYNER, JOE DR Name: Name: 500 E OCEAN BLVD 40 ORANGE STREET Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Delete Title: () Change () Addition OWENS, DAVID Name:

Name: Address: 900 WALNUT STREET Address: GREEN COVE SPRINGS, FL 32043 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID MOSRIE CEO 07/06/2006