

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90013 048 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7017835	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOSRIE, DAVID 208 S MONROE ST TALLAHASSEE, FL 32301			Name <u>William J. Montford, III</u> Street Address (P.O. Box Number is Not Acceptable) <u>208 S. Monroe St.</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32301</u>		
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 <u>William J. Montford</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>5/30/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME LANNON, MIKE	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2909 DELAWARE AVE	CITY-ST-ZIP FORT PIERCE, FL 349477299		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME DEARING, ROGER	<input checked="" type="checkbox"/> Delete	TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS A15 MANATEE AVE W	CITY-ST-ZIP BRADENTON, FL 34205		STREET ADDRESS PO Box 5958	CITY-ST-ZIP Marianna, FL 32446	
TITLE D	NAME CONNER, THOMAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P.O. BOX 1980	CITY-ST-ZIP LABELLE, FL 33975		STREET ADDRESS	CITY-ST-ZIP	
TITLE PE	NAME MCCALISTER, JAMES	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1311 BALBOA AVE	CITY-ST-ZIP PANAMA CITY, FL 32401		STREET ADDRESS	CITY-ST-ZIP	
TITLE ST	NAME JOYNER, JOE DR	<input type="checkbox"/> Delete	TITLE PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 40 ORANGE STREET	CITY-ST-ZIP ST AUGUSTINE, FL 32084		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME OWENS, DAVID	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 900 WALNUT STREET	CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043		STREET ADDRESS	CITY-ST-ZIP	
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: <u>William J. Montford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>5/30/07</u> <small>Date</small>		