

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715331

FILED
Jun 23, 2009
Secretary of State

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

Current Principal Place of Business:

208 S MONROE ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

208 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

208 S MONROE ST
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:

MONTFORD, WILLIAM J III
208 S MONROE ST
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: ST () Delete
Name: SMITH, MARGARET DR
Address: PO BOX 2118
City-St-Zip: DELAND, FL 32721

Title: PE () Delete
Name: SIMS, DANIEL
Address: P.O. BOX 5958
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: CONNER, THOMAS
Address: P.O. BOX 1980
City-St-Zip: LABELLE, FL 33975

Title: V () Delete
Name: MCCALISTER, JAMES
Address: 1311 BALBOA AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: P () Delete
Name: JOYNER, JOE DR
Address: 40 ORANGE STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: OWENS, DAVID
Address: 900 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, MARGARET DR
Address: PO BOX 2118
City-St-Zip: DELAND, FL 32721

Title: ST (X) Change () Addition
Name: SIMS, DANIEL
Address: P.O. BOX 5958
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOYNER, JOE DR
Address: 40 ORANGE STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DR. MARGARET SMITH

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date