

# 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