

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90096 023 ****61.25

DOCUMENT # 718078

1. Entity Name
**FLORIDA ASSOCIATION OF SCHOOL BUSINESS
OFFICIALS, INC.**



Principal Place of Business
**215 W. GARDEN STREET
ATTN: ROBIN WEEKS
PENSACOLA, FL 32501**

Mailing Address
**215 W. GARDEN STREET
ATTN: ROBIN WEEKS
PENSACOLA, FL 32501**

50011428



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6158635

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEEKS, ROBIN
215 W GARDEN STREET
PENSACOLA, FL 32501**

Name

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, 2005**

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 VP ☒ Delete
NAME **DRAKE, JAMES**
STREET ADDRESS **201 W BURLEIGH BLVD**
CITY-ST-ZIP **TAVASERS, FL 32788**

TITLE P ☒ Delete
NAME **HUMBAUGH, BILL**
STREET ADDRESS **2055 CENTRAL AVE**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE TD ☒ Delete
NAME **SMITH, MIKE**
STREET ADDRESS **445 W. AMELIA STREET**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE D ☒ Delete
NAME **DAUGHERTY, ED**
STREET ADDRESS **215 MANATEE AVENUE WEST**
CITY-ST-ZIP **BRADENTON, FL 342069069**

TITLE D ☐ Delete
NAME **WEAVER, STEPHANIE**
STREET ADDRESS **P.O. BOX 2118**
CITY-ST-ZIP **DELAND, FL 32721**

TITLE S ☐ Delete
NAME **WEEKS, ROBIN**
STREET ADDRESS **215 W. GARDEN STREET**
CITY-ST-ZIP **PENSACOLA, FL 32501**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition
NAME **KELLY, WILLIAM, C.**
STREET ADDRESS **P.O. BOX 2118**
CITY-ST-ZIP **DELAND, FL 32721**

TITLE P ☐ Change ☒ Addition
NAME **DAUGHERTY, ED**
STREET ADDRESS **215 MANATEE AVE WEST**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE TD ☐ Change ☒ Addition
NAME **TRAWICK, BERTIE**
STREET ADDRESS **P.O. BOX 2118**
CITY-ST-ZIP **DELAND, FL 32721**

TITLE D ☐ Change ☒ Addition
NAME **RIGGS, PATRICIA**
STREET ADDRESS **301 4TH ST SW**
CITY-ST-ZIP **LARGO, FL 33770**

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

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

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:

Bertie Trawick **Bertie Trawick**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 28, 2005 386-734-7190

Date

Daytime Phone #