
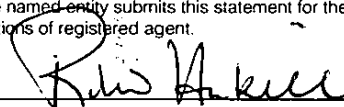
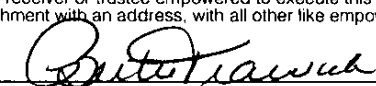


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90212 038 \*\*\*\*61.25

<b>DOCUMENT # 718078</b> 1. Entity Name <b>FLORIDA ASSOCIATION OF SCHOOL BUSINESS OFFICIALS, INC.</b>					
Principal Place of Business <b>215 W. GARDEN STREET ATTN: ROBIN WEEKS PENSACOLA, FL 32501</b>			Mailing Address <b>215 W. GARDEN STREET ATTN: ROBIN WEEKS PENSACOLA, FL 32501</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6158635</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEEKS, ROBIN 215 W GARDEN STREET PENSACOLA, FL 32501</b>			Name <b>Hukill, Robin</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>215 W. Garden Street</b>		
			City <b>Pensacola</b>		
			<b>FL</b>		Zip Code <b>32501</b>
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					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KELLY, WILLIAM C</b>		NAME		
STREET ADDRESS	<b>PO BOX 2118</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>DELAND, FL 32721</b>		CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DAUGHERTY, ED</b>		NAME	<b>Henegar, Desiree</b>	
STREET ADDRESS	<b>215 MANATEE AVE WEST</b>		STREET ADDRESS	<b>215 Manatee Ave West</b>	
CITY - ST - ZIP	<b>BRADENTON, FL 34205</b>		CITY - ST - ZIP	<b>Bradenton, FL 34205</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TRAWICK, BERTIE</b>		NAME		
STREET ADDRESS	<b>PO BOX 2118</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>DELAND, FL 32721</b>		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIGGS, PATRICIA</b>		NAME		
STREET ADDRESS	<b>301 4TH ST SW</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>LARGO, FL 33770</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEAVER, STEPHANIE</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 2118</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>DELAND, FL 32721</b>		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEEKS, ROBIN</b>		NAME	<b>Hukill, Robin</b>	
STREET ADDRESS	<b>215 W. GARDEN STREET</b>		STREET ADDRESS	<b>215 W. Garden Street Pensacola, FL</b>	
CITY - ST - ZIP	<b>PENSACOLA, FL 32501</b>		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.					
<b>SIGNATURE:</b> 			4/23/07 734-7190 x 20332		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					