

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734700

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF SCIENCE TEACHERS, INC.

**Current Principal Place of Business:**

6150 EAST QUINCY STREET  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

6150 EAST QUINCY STREET  
INVERNESS, FL 34452 US

**New Mailing Address:**

**FEI Number:** 59-1727475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRANDALL, STEPHEN E MR.  
6150 EAST QUINCY STREET  
INVERNESS, FL 32822 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: P ( ) Delete  
Name: CRANDALL, STEPHEN E  
Address: 6150 EAST QUINCY STREET  
City-St-Zip: INVERNESS, FL 34452

Title: S ( ) Delete  
Name: SMITHWICK, VIVIAN  
Address: PO BOX 173244  
City-St-Zip: TAMPA, FL 33672

Title: V ( ) Delete  
Name: MEDCALF, THOMAS  
Address: 3510 OLDLIGHTHOUSE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete  
Name: PRESTI, KATHY  
Address: 1521 DRUID RD.  
City-St-Zip: INVERNESS, FL 34452

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MEDCALF, THOMAS MR.  
Address: 3510 OLDLIGHTHOUSE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: S (X) Change ( ) Addition  
Name: SMITHWICK, VIVIAN MRS.  
Address: PO BOX 173244  
City-St-Zip: TAMPA, FL 33672

Title: V (X) Change ( ) Addition  
Name: TANNER, BRAD MR.  
Address: 1600 KEN THOMPSON PARKWAY  
City-St-Zip: SARASOTA, FL 34236

Title: T (X) Change ( ) Addition  
Name: PETUCH, LINDA MRS.  
Address: 1915 ROYAL FERN DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: CFO ( ) Change (X) Addition  
Name: CRANDALL, STEPHEN E MR.  
Address: 6150 EAST QUINCY STREET  
City-St-Zip: INVERNESS, FL 34452

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: STEPHEN E. CRANDALL

CFO

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date