

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737144

FILED
Feb 02, 2005
Secretary of State

Entity Name: FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

Current Principal Place of Business:

207 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

Current Mailing Address:

207 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

FEI Number: 51-0182663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, JAMES
207 OFFICE PALZA DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PERRY, JAMES
402 OFFICE PALZA
TALLAHASSEE, FL 32301 US

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:

02/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V/D () Delete
Name: FROEMMING, SUSAN
Address: 12156 CAPRI CIRCLES
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P/D () Delete
Name: KREPPS, PEARL
Address: 952 FRANCIS STREET
City-St-Zip: WEST PALM BEACH, FL 33405

Title: M () Delete
Name: PERRY, JAMES T
Address: 207 OFFICE PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: M (X) Change () Addition
Name: PERRY, JAMES T
Address: 402 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES T. PERRY

M

02/02/2005

Electronic Signature of Signing Officer or Director

Date