

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739267

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.

**Current Principal Place of Business:**

206 B SOUTH MONROE ST  
TALLAHSSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

206 B SOUTH MONROE ST  
TALLAHSSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-1558806      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WARFORD, JAMES M  
206 B SOUTH MONROE STREET  
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: D      ( ) Delete  
Name: HERBERT, JOEL DR.  
Address: 6769 VIA REGINA  
City-St-Zip: BOCA RATON, FL 33433

Title: D      ( ) Delete  
Name: AYRES, NURI  
Address: 13022 WHISPER SOUND DR  
City-St-Zip: TAMPA, FL 33624

Title: DP      ( ) Delete  
Name: MINNIS, JOAN  
Address: 3262 TARPON WOODS BLVD  
City-St-Zip: PALM HARBOR, FL 34685

Title: ED      ( ) Delete  
Name: WARFORD, JAMES M  
Address: 1504 MITCHELL AVE  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

Title: D      (X) Change ( ) Addition  
Name: HALL, RUTH  
Address: 901 E KENNEDY BLVD  
City-St-Zip: TAMPA, FL 33602

Title: D      (X) Change ( ) Addition  
Name: MOSS, CHRISTI  
Address: 4774 CHAIRES CROSS RD  
City-St-Zip: TALLAHASSEE, FL 32317

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M WARFORD

ED

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date