# FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90432 036 \*\*\*\*61.25

ANNUAL REPORT	IION
DOCUMENT # 720250	ATILE S

Signature   Sign	Principal Place	EDUCATION ASSOCIATION CORPORATION, INC.	ON ASSOCIATION			310	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4292004 Chg-NP CR2E037 (10/03)  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  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 acceptable to the obligations of registered agent.  SIGNATURE  Signature  Filting Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INVEST. 2P  DINNEN, MAUREEN STREET ADDRESS CITY-ST-2P  DINNEN, MAUREEN STREET ADDRESS STREET ADDRES	213 S. ADAMS	SSTREET	213 S. ADAMS STREET	1	77073	<b>01</b> J	
City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required Fee Required  Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  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 acceptable of registered agent.  SIGNATURE  Signature, typed or period name of registered agent and title if applicable.  (NOTE: Registered Agent spirature required when rendaining)  DATE  Filling Fee is \$61.25  Due by May 1, 2004  Public International State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Added to Fees  STREET ADDRESS  CITY-ST-Zip  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  TALLAHASSEE, FL 32301  TITLE  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  TALLAHASSEE, FL 32301  TITLE  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  TALLAHASSEE, FL 32301  TITLE  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  TALLAHASSEE, FL 32301  TITLE  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  TALLAHASSEE, FL 32301  TITLE  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  TALLAHASSEE, FL 32301  TITLE  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  TITLE  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  TITLE  DINNEN, MAUREEN  STREET ADDRESS  CITY-ST-Zip  TALLAHASSEE, FL 32301	2. Principal Pla	ace of Business	3. Mailing Address				
Spinary   Spin	Suite, Apt. #	*, etc.	Suite, Apt. #, etc.	<del></del>	04292004 Chg-NP (	CR2E037 (10/03)	
Signature   Sign	City & State		City & State	<del></del>		<b>}———</b> —————————————————————————————————	olied For Applicable
MEYER, RONALD G ESQUIRE  2544 BLAIRSTONE PINES DRIVE TALLAHASSEE, FL 32301  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accomplished 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  Filling Fee Is \$61.25  Due by May 1, 2004  Trust Fund Contribution.  DST  JAME:  LEE, BOB  STREET ADDRESS  CITY: ST-2IP  TALLAHASSEE, FL 32301  TILE  PD  DINNEN, MAUREEN  STREET ADDRESS  CITY: ST-2IP  TALLAHASSEE, FL 32301	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addi	tional
MEYER, RONALD G ESQUIRE 2544 BLAIRSTONE PINES DRIVE TALLAHASSEE, FL 32301  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 acceptable of the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name of registered agent and still supplicable.  NOTE Registered Agent signature required when reinstating)  DATE  Filling Fee Is \$61.25  Due by May 1, 2004  Printe  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME LEE, BOB STREET ADDRESS CITY-ST-2IP  TITLE NAME DINNEN, MAUREEN TALLAHASSEE, FL 32301  TITLE NAME DINNEN, MAUREEN DINNEN, MAUREEN DINNEN, MAUREEN TALLAHASSEE, FL 32301  TITLE NAME DINNEN, MAUREEN TALLAHASSEE, FL 32301  TITLE NAME DINNEN, MAUREEN DINNEN, MAUREEN DINNEN, MAUREEN TALLAHASSEE, FL 32301  TITLE NAME DINNEN, MAUREEN DINNEN, MA	· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		7. Name and Address of New Reg	istered Agent	
TALLAHASSEE, FL 32301  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 acceptable to the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tite if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee Is \$61.25  Due by May 1, 2004  Prust Fund Contribution. Added to Fees  Florida Department of State  Trust Fund Contribution. Added to Fees  Florida Department of State  To ST					ace (P.O. Rev Number is Not Acceptable)	<u> </u>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the obligations of registered agent.  SIGNATURE  SIGNATURE Vegistered agent, or both, in the State of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of Florida		SEE, FL 32301		Juleat Addi	ess (F.O. Dox Number is Not Acceptable)		
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CITY-ST-ZIP WILDWOOD, FL 34785 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD DINNEN, MAUREEN 213 SOUTH ADAMS STREET TALLAHASSEE, FL 32301  DVP FORD, ANDY 213 SOUTH ADAMS STREET TALLAHASSEE, FL 32301  D MCCALL, JOANNE 9340 CR 125-B WILDWOOD, FL 34785  D UNDERWOOD, CAROLYN 712 CANTERBURY ROAD CLEARWATER, FL 33764  D DUKES, JUDY 428 NORTH BROADWAY ST.	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		XIX Change  XIX hange  ☐ Change	Addition Addition

indicated on this report or supplied with this filling cross not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

Mason Washa - Aaron Wallace 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

1404917. #739360

## FLORIDA EDUCATION ASSOCIATION HOLDING CORPORATION,

#### INC.

#### **DOCUMENT #739350**

# 2004 Not-For-Profit Corporation

### Uniform Business Report

10. Title

Name

D Elliott, Linda

Street Address City State Zip 104 Fiesta Drive Ormond Beach, FL 32174

Title

D

Name Street Address Johnson, Dr. Shirley 2200 Biscayne Boulevard

City State Zip

Miami, Florida 33137

Title

D

DELETE

Name

Pat Barber

Street Address

1523 Sixth Ave. West, DeSoto Towers G-1

City State Zip

Bradenton, FL 34205

Title

D

**DELETE** 

Name Street Address Steve Anderson 114 Larkspur Drive

City State Zip

Altamonte Springs, FL 32701

Title

D

Name

Roy Weatherford

Street Address

5425 County Road 579

City State Zip

Seffner, Florida 33584

#### 11. Additions to Officers

Title

D

Name

Aaron Wallace

Street Address City State Zip 213 S. Adams Street Tallahassee, FL 32301

Title

D

Name Street Address Jeff Siskind 404 W 25<sup>th</sup> Street

City State Zip

Sanford, FL 32771

Title

D

Name

Gilda Morgan-Williams 1459 N. Mangonia Circle

Street Address City State Zip

West Palm Beach, FL 33401

Title

D

Name

Constance Higginbotham 6202 Bahama Court

Street Address City State Zip

Orange Park, FL 32073

D George Williams P. O. Box 368

Title

Name

Street Address

City State Zip

Madison, FL 32341