


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90432 036 \*\*\*\*61.25

J404J013



<b>DOCUMENT # 739350</b>					
1. Entity Name FLORIDA EDUCATION ASSOCIATION ASSOCIATION HOLDING CORPORATION, INC.					
Principal Place of Business 213 S. ADAMS STREET TALLAHASSEE, FL 32301		Mailing Address 213 S. ADAMS STREET TALLAHASSEE, FL 32301			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1843674	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYER, RONALD G ESQUIRE 2544 BLAIRSTONE PINES DRIVE TALLAHASSEE, FL 32301			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 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					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, BOB		NAME		
STREET ADDRESS	213 S ADAMS ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINNEN, MAUREEN		NAME		
STREET ADDRESS	213 SOUTH ADAMS STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, ANDY		NAME		
STREET ADDRESS	213 SOUTH ADAMS STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, JOANNE		NAME		
STREET ADDRESS	9340 CR 125-B		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UNDERWOOD, CAROLYN		NAME		
STREET ADDRESS	712 CANTERBURY ROAD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUKES, JUDY		NAME		
STREET ADDRESS	428 NORTH BROADWAY ST.		STREET ADDRESS		
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 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.					
SIGNATURE: <u> Aaron Wallace - Aaron Wallace 4/29/04 </u>		Date		201-2800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

attachment

14049515.  
# 739350

**FLORIDA EDUCATION ASSOCIATION HOLDING CORPORATION,  
INC.**

**DOCUMENT #739350**

**2004 Not-For-Profit Corporation  
Uniform Business Report**

10. Title D  
Name Elliott, Linda  
Street Address 104 Fiesta Drive  
City State Zip Ormond Beach, FL 32174
- Title D  
Name Johnson, Dr. Shirley  
Street Address 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 Steve Anderson  
Street Address 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 213 S. Adams Street  
City State Zip Tallahassee, FL 32301
- Title D  
Name Jeff Siskind  
Street Address 404 W 25<sup>th</sup> Street  
City State Zip Sanford, FL 32771
- Title D  
Name Gilda Morgan-Williams  
Street Address 1459 N. Mangonia Circle  
City State Zip West Palm Beach, FL 33401
- Title D  
Name Constance Higginbotham  
Street Address 6202 Bahama Court  
City State Zip Orange Park, FL 32073

Attachment ~~54049515~~

# 739350

Title	D
Name	George Williams
Street Address	P. O. Box 368
City State Zip	Madison, FL 32341