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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY -2 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739350					
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 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 Applicable) 05/17/05-01032-012 **61.25 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	DP FORD, ANDY 213 SOUTH ADAMS STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Clara Cook 213 S. Adams Street Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MCCALL, JOANNE 9340 CR 125-B WILDWOOD, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Linda Elliott 104 Fiesta Drive Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUKES, JUDY 428 NORTH BROADWAY ST. WILDWOOD, FL 34785	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dr. Shirley Johnson 14253 NW 23rd Place Miami Lakes, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Roy Weatherford 5425 County Road 579 Seffner, FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Aaron Wallace 213 S. Adams Street Tallahassee, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jeff Siskind 404 W. 25th Street Sanford, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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</u>			2-14-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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

DOCUMENT #739350

**2005 Not-For-Profit Corporation
Uniform Business Report**

11. Additions to Officers

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

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