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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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01182005 Chg-NP CR2E037 (10/03) **05**

4. FEI Number
59-1843674

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MEYER, RONALD G ESQUIRE
 2544 BLAIRSTONE PINES DRIVE
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Applicable)
**PO BOX 9468867
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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 MCCALL, JOANNE 9340 CR 125-B WILDWOOD, FL 34785	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	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 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	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	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	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: Aaron Wallace **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