

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90177 006 ****61.25



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

City & State

Zip

Country

Zip

Country

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1843674

Applied For
 Not Applicable

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006

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	DP	<input type="checkbox"/> Delete
NAME	FORD, ANDY	
STREET ADDRESS	213 SOUTH ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCCALL, JOANNE	
STREET ADDRESS	9340 CR 125-B	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKES, JUDY	
STREET ADDRESS	428 NORTH BROADWAY ST.	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COOK, CLARA	
STREET ADDRESS	213 S. ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, LINDA	
STREET ADDRESS	104 FIESTA DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SHIRLEY DR.	
STREET ADDRESS	14253 NW 83RD PLACE	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vanessa Tillman	
STREET ADDRESS	805 Virginia Street, #15	
CITY-ST-ZIP	Ft. Pierce, FL 34982	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marianne Capozziello	
STREET ADDRESS	703 e. Davidson Street	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Arnon Wallace Date: 4-10-06 Daytime Phone #: 222-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR