


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90022 040 ****61.25

DOCUMENT # 739350 1. Entity Name FLORIDA EDUCATION 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1843674	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKES, JUDY 428 NORTH BROADWAY ST. WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COOK, CLARA 213 S. ADAMS STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLMAN, VANESSA 805 VIRGINIA ST #15 FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPOZIELLO, MARIANNE 703 EAST DAVIDSON ST BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Aaron Wallace</u> <u>Aaron Wallace</u> <u>2/12/08</u> <u>850-222-4767</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40035780



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ATTACHMENT
FLORIDA EDUCATION ASSOCIATION HOLDING CORPORATION,
INC.
DOCUMENT #739350
2008 Not-For-Profit Corporation
Uniform Business Report

10. Officers & Directors (Continued)

Title	D
Name	Aaron Wallace
Street Address	213 S. Adams Street
City State Zip	Tallahassee, FL 32301

Title	D	DELETE
Name	Roy Weatherford	
Street Address	5425 County Road 579	
City State Zip	Seffner, FL 33584	

Title	D	DELETE
Name	Gilda Morgan-Williams	
Street Address	1459 N. Mangonia Circle	
City State Zip	West Palm Beach, FL 33401	

Title	D	DELETE
Name	Constance Higginbotham	
Street Address	6202 Bahama Court	
City State Zip	Orange Park, FL 32073	

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

Title	D	DELETE
Name	Jeff Siskind	
Street Address	389 ½ Clermont Road	
City State Zip	Lake Mary, FL 32124	