

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90125 021 \*\*\*\*61.25

**DOCUMENT # 739350**

1. Entity Name

**FLORIDA EDUCATION ASSOCIATION ASSOCIATION HOLDIN  
G 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

**\$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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>LEE, BOB</b> <b>213 S ADAMS ST</b> <b>TALLAHASSEE FL 32301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DINNEN, MAUREEN</b> <b>213 SOUTH ADAMS STREET</b> <b>TALLAHASSEE FL 32301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>FORD, ANDY</b> <b>213 SOUTH ADAMS STREET</b> <b>TALLAHASSEE FL 32301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCALL, JOANNE</b> <b>9340 CR 125-B</b> <b>WILDWOOD FL 34785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>UNDERWOOD, CAROLYN</b> <b>712 CANTERBURY ROAD</b> <b>CLEARWATER FL 33764</b>	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dukes, Judy</b> <b>428 North Broadway Street</b> <b>Wildwood, FL 34785</b>	<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: *Maureen Dinnen*

2/11/03

850-222-4767

CR2E037 (10/02)

*attachment* 70019730  
#739350

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

**DOCUMENT #739350**  
**2003 Not-For-Profit Corporation**  
**Uniform Business Report**

11. **Additions to Officers and Directors in 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  
Name Pat Barber  
Street Address 1523 Sixth Ave. West, DeSoto Towers G-1  
City State Zip Bradenton, FL 34205

Title D  
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

**DELETION OF DIRECTOR**

Title D  
Name **Jim Wilson**  
Street Address **6840 East Tropical Way**  
City State Zip **Plantation, FL 33317**