

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743136

FILED
Jan 08, 2007
Secretary of State

Entity Name: FLORIDA ALLIANCE FOR ARTS EDUCATION, INC.

Current Principal Place of Business:

402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2563990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, JAMES T
402 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: PERRY, JAMES
Address: 402 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: PRITCHARD, SIBILLE
Address: 401 SOUTH CENTRAL AVENUE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: RADOCK, ROBERT
Address: 7290 DELLA DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: P/D () Delete
Name: ELLSPERMANN, JAYNE
Address: 3733 SW 80TH AVENUE
City-St-Zip: OCALA, FL 34481 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T PERRY

M

01/08/2007

Electronic Signature of Signing Officer or Director

Date