


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 743136 1. Entity Name FLORIDA ALLIANCE FOR ARTS EDUCATION, INC.	
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Principal Place of Business 11410 SWIFT WATER CIRCLE ORLANDO, FL 32817 US	Mailing Address P O BOX 1476 WINTER PARK, FL 32790-1476 US
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2563990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PALMER, MARY J
11410 SWIFT WATER CIRCLE
ORLANDO, FL 32817**

**DO NOT WRITE
IN THIS SPACE**

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 *Mary J Palmer* 4/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

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

000000938028
05/27/08-80075-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WINTERS, MARIAN 3500 E CENTER AVE, STE 234 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRITCHARD, SIBILLE 401 SOUTH CENTRAL AVENUE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADOCK, ROBERT 7290 DELLA DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, BRUCE 1626 STARLING DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSON, TOM PALM BEACH COUNTY SCHOOLS WEST PALM BEACH, FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, SHARRON P O BOX 2131 WEST PALM BEACH, FL 33402

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Office Expense

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: *Sibilla Pritchard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15th April '08 407-365-6347
Date Daytime Phone #