FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:57

DOCUMENT # **748949** **(5)**

1. Corporation Name

FLORIDA ASSOCIATION OF STATE AND FEDERAL EDUCATI ONAL PROGRAM ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
CLAY COUNTY SCHOOL BOARD GREEN COVE SPRINGS FL 32043 US	900 WALNUT ST. GREEN COVE SPRINGS FL 32043 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0909411 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROCK, WALTER
900 WALNUT ST.
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BROCK, WALTER	1.2 NAME		
STREET ADDRESS	900 WALNUT ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREN COE SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	BARTCH, CHERYL	2.2 NAME		
STREET ADDRESS	201 W. BURLEIGH BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, SHIRLEY	3.2 NAME		
STREET ADDRESS	4424 NW 13TH ST., B-10	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, LEE	4.2 NAME		
STREET ADDRESS	445 W. AMELIA ST., P. O. BOX 271 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LANGFORD, JUDY	5.2 NAME		
STREET ADDRESS	2499 25 ST. S.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter Brock, Dir. of Instructional Support Services 1-30-95 (904)-272-8100 ext.612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

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