FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 748949 (5)

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

Principal Place of Business
~~CLAY COUNTY SCHOOL BOARD~~
~~GREEN COVE SPRINGS FL 32043~~
US
LAKE COUNTY SCHOOLS

Mailing Address
~~900 WALNUT ST.~~ 201 W. BURLEIGH BLVD
~~GREEN COVE SPRINGS FL 32043~~
US
TAVARES, FL 32778-2496

3. Date Incorporated or Qualified: 09/18/1979
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business
21 201 W. Burleigh Blvd.
22 Suite, Apt. #, etc.
23 City & State: TAVARES, Florida
24 Zip: 32778-2496
25 Country: Lake

2a. Mailing Address
26 Lake County School Bd.
27 Suite, Apt. #, etc.
28 City & State: Tavares, Florida
29 Zip: 32778-2496
30 Country: Lake

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: Cheryl Bartch
82 Street Address (P.O. Box Number is Not Acceptable): 201 W. Burleigh Blvd.
83
84 City: Tavares FL 85 Zip Code: 2496

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Cheryl E. Bartch — CHERYL E. BARTCH — DATE: 3/25/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

CR2E037 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	D. President	☑ Change ☐ Addition
NAME	BROCK, WALTER		1.2 NAME	Cheryl Bartch	
STREET ADDRESS	900 WALNUT ST.		1.3 STREET ADDRESS	201 W. Burleigh Blvd	
CITY-ST-ZIP	GREN COE SPRINGS FL		1.4 CITY-ST-ZIP	TAVARES, FL 32778-2496	
TITLE	VP	☑ DELETE	2.1 TITLE	D. VP	☑ Change ☐ Addition
NAME	BARTCH, CHERYL		2.2 NAME	Judy Langford	
STREET ADDRESS	201 W. BURLEIGH BLVD.		2.3 STREET ADDRESS	2499 25th Street, South	
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP	St. Petersburg, Fl 33712	
TITLE	S	☑ DELETE	3.1 TITLE	D. Sec.	☑ Change ☐ Addition
NAME	WEBSTER, SHIRLEY		3.2 NAME	Sharyn Foster	
STREET ADDRESS	4424 NW 13TH ST., B-10		3.3 STREET ADDRESS	P.O. Box 391 N/A	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	Bartow, Fl 33830-0391	
TITLE	D	☑ DELETE	4.1 TITLE	D. Ed Smith	☑ Change ☐ Addition
NAME	FOSTER, LEE		4.2 NAME	620 E. Univ. Ave	
STREET ADDRESS	445 W. AMELIA ST., P. O. BOX 271 N/A		4.3 STREET ADDRESS	G'nville, Fl 32601	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANGFORD, JUDY		5.2 NAME	800001780878	
STREET ADDRESS	2499 25 ST. S.		5.3 STREET ADDRESS	-04/15/96--01080--030	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	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)(k), 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: Edward W. Smith — Edward W. Smith — Date: 2/16/96 — Daytime Phone #: (352)955-7634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR