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Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748949 (5)

1. Corporation Name

FLORIDA ASSOCIATION OF STATE AND FEDERAL EDUCATIONAL PROGRAM ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

201 W. BURLEIGH BLVD.
TAVARAS FL 32778-2496
USLAKE COUNTY SCHOOL BD.
201 W. BURLEIGH BLVD.
TAVARAS FL 32778-2418
US3. Date Incorporated or Qualified
09/18/19793a. Date of Last Report
04/15/19964. FEI Number
59-0909411Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

BARTCH, CHERYL
201 W. BURLEIGH BLVD.
TAVARAS FL 32778-2496

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BARTCH, CHERYL
STREET ADDRESS 201 W. BURLEIGH BLVD.
CITY-ST-ZIP TAVARAS FL 32778-2496 ☐ DELETE1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DVP
NAME LONGFORD, JUDY
STREET ADDRESS 2499 25TH STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712 ☐ DELETE2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DS
NAME FOSTER, SHARYN
STREET ADDRESS P.O. BOX 391 N/A
CITY-ST-ZIP BARTOW FL 33830-0391 ☐ DELETE3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME SMITH, ED
STREET ADDRESS 620 E. UNIVERSITY AVE.
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ DELETE4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME LANGFORD, JUDY
STREET ADDRESS 2499 25 ST. S.
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014832

CR2E037 (9/96)