

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748949

1. Corporation Name

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

Principal Place of Business
201 W. BURLEIGH BLVD.
TAVARAS FL 32778-2496
US

Mailing Address
LAKE COUNTY SCHOOL BD.
201 W. BURLEIGH BLVD.
TAVARAS FL 32778-2496
US

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90009 028 ****70.00



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 400 E. Lake Mary Blvd.		26 Seminole County School Bd.		09/18/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 400 E. Lake Mary Blvd.		59-0909411	
City & State		City & State		5. Certificate of Status Desired	
23 Sanford, FL		28 Sanford, FL		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 32773-7127		29 32773-7127		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25 USA		30 USA			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Murray, Marjorie C.
82 Street Address (P.O. Box Number is Not Acceptable) Educational Support Center
83 400 E. Lake Mary Blvd.
84 City Sanford, FL 85 Zip Code 32773-7127

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

Marjorie C. Murray
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BARTCH, CHERYL	
STREET ADDRESS	201 W. BURLEIGH BLVD.	
CITY-ST-ZIP	TAVARAS FL 32778-2496	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	LONGFORD, JUDY	
STREET ADDRESS	2499 25TH STREET, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FOSTER, SHARYN	
STREET ADDRESS	P.O. BOX 391 N/A	
CITY-ST-ZIP	BARTOW FL 33830-0391	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ED	
STREET ADDRESS	620 E. UNIVERSITY AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANGFORD, JUDY	
STREET ADDRESS	2499 25 ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Murray, Marjorie C.	
1.3 STREET ADDRESS	400 E. Lake Mary Blvd.	
1.4 CITY-ST-ZIP	Sanford, FL 32773-7127	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stewart, Mary Alice	
2.3 STREET ADDRESS	500 E. Ocean Blvd.	
2.4 CITY-ST-ZIP	Stuart, FL 34994	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Miller, Don	
5.3 STREET ADDRESS	817 Bill Beck Blvd.	
5.4 CITY-ST-ZIP	Kissimmee, FL 34744	
6.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Scott, Vivian	
6.3 STREET ADDRESS	P.O. Box 1059	
6.4 CITY-ST-ZIP	Jasper, FL 32052-1059	

14. I 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, with all other like empowered.

SIGNATURE:

Marjorie C. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/99 (407) 320-0244
Date Daytime Phone #

CR2E037 (5/99)