


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90474 012 \*\*\*150.00

<b>DOCUMENT # 748949</b> 1. Entity Name <b>FLORIDA ASSOCIATION OF STATE AND FEDERAL EDUCATIONAL PROGRAM ADMINISTRATORS, INC.</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business <b>200 South 7th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>200 South 7th Street</b> Suite, Apt. #, etc.	
City & State <b>Palatka, FL</b>		City & State <b>Palatka, FL</b>	
Zip <b>32177-4615</b>		Zip <b>32177-4615</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
6. Name and Address of Current Registered Agent <b>MILLER, DONALD L OSCEOLA DISTRICT SCHOOLS 817 BILL BECK BLVD. KISSIMMEE, FL 34744</b>		7. Name and Address of New Registered Agent Name <b>Robert R. Pugh</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 South 7th Street</b> City <b>Palatka</b> FL Zip Code <b>32177-4615</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <i>Robert R. Pugh</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>ROBERT R. PUGH</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <i>April 30, 2004</i>  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEWART, MARY A 500 E OCEAN BLVD STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pugh, Robert R. 200 South 7th Street Palatka, FL 32177-4615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLER, DON 817 BILL BECK BLVD KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Foster, Sharyn P.O. Box 391 Bartow, FL 338300391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOSTER, SHARYN P O BOX 391 BARTOW, FL 338300391	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Dannemiller, Diane 919 North Broad Street Brooksville, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ADAMS, BRIAN DR P O BOX 9069 BRADENTON, FL 34206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, Donald L. 817 Bill Beck Blvd. Kissimmee, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, MARJORIE C 400 E LAKE MARY BLVD SANFORD, FL 32773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stewart, Marye A 500 E. Ocean Blvd. Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCOTT, VIVIAN PO BOX 1059 JASPER, FL 320521059	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Scott, Vivian P.O. Box 1059 Jasper, FL 320521059
12. 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 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: <i>Robert R. Pugh</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>ROBERT R. PUGH</b> <i>4/30/04</i> <small>Date</small>	

34000044



04152004 Chg-NP CR2E037 (10/03)

**\$8.75** Additional  
Fee Required

Make check payable to  
Florida Department of State

**386-329-**  
**0543**