

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 748949

1. Entity Name
**FLORIDA ASSOCIATION OF STATE AND FEDERAL
EDUCATIONAL PROGRAM ADMINISTRATORS, INC.**



Principal Place of Business
**200 SOUTH 7TH STREET
PALATKA, FL 32177-4615 US**

Mailing Address
**200 SOUTH 7TH STREET
PALATKA, FL 32177-4615 US**



07062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0909411

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUGH, ROBERT R
200 SOUTH 7TH STREET
PALATKA, FL 32177-4615**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Robert R. Pugh

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 12, 2005

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PUGH, ROBERT R
STREET ADDRESS	200 SOUTH 7TH STREET
CITY - ST - ZIP	PALATKA, FL 321774615
TITLE	DS
NAME	FOSTER, SHARYN
STREET ADDRESS	P.O. BOX 391
CITY - ST - ZIP	BARTOW, FL 338300391
TITLE	DT
NAME	DANNEMILLER, DIANE
STREET ADDRESS	919 NORTH BROAD STREET
CITY - ST - ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	MILLER, DONALD L
STREET ADDRESS	817 BILL BECK BLVD.
CITY - ST - ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	STEWART, MARY A
STREET ADDRESS	500 E. OCEAN BLVD.
CITY - ST - ZIP	STUART, FL 34994
TITLE	DVP
NAME	SCOTT, VIVIAN
STREET ADDRESS	PO BOX 1059
CITY - ST - ZIP	JASPER, FL 320521059

UD00000372970
07/15/05-80005-005 61.25

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IN THIS SPACE**

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:

Robert R. Pugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R. Pugh

July 12, 2005
Date

386-329-0543
Daytime Phone #