

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748949

FILED
Feb 03, 2009
Secretary of State

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

Current Principal Place of Business:

919 NORTH BROAD STREET
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

919 NORTH BROAD STREET
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-0909411 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DANNEMILLER, DIANE
919 NORTH BROAD STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PORTER, PHYLLIS
Address: 3955 WEST PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: SEC () Delete
Name: FOSTER, SHARYN
Address: 105 4TH ST NE
City-St-Zip: FT MEADE, FL 33841

Title: TRES () Delete
Name: DANNEMILLER, DIANE
Address: 919 NORTH BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: PPRE () Delete
Name: PUGH, ROBERT
Address: 200 S. 7TH ST.
City-St-Zip: PALATKA, FL 32177

Title: PE (X) Delete
Name: SCOTT, KAY
Address: 3326 FOREST HILL BLVD. C-216
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SCOTT, KAY W
Address: 961 DOLPHIN COURT
City-St-Zip: JUPITER, FL 33458 US

Title: SEC (X) Change () Addition
Name: FOSTER, SHARYN
Address: 105 4TH ST NE
City-St-Zip: FT MEADE, FL 33841 US

Title: TRES (X) Change () Addition
Name: DANNEMILLER, DIANE
Address: 919 NORTH BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: PPRE (X) Change () Addition
Name: PORTER, PHYLLIS
Address: 417 WESTWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE DANNEMILLER

TRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date