

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749945

FILED
Feb 02, 2008
Secretary of State

Entity Name: FLORIDA INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION, INC.

Current Principal Place of Business:

15751 SHERDIAN STREET
PMB 128
DAVIE, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

15751 SHERDIAN STREET
PMB 128
DAVIE, FL 33331 US

New Mailing Address:

FEI Number: 59-3408661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLBY, MICHAEL
6225 HAWKES BLUFF AVE
DAVIE, FL 33331 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: D () Delete
Name: STOLL, TOM
Address: 1704 POINT PLEASANT AVE. W.
City-St-Zip: BRADENTON, FL 34205

Title: PD () Delete
Name: MASSEY, WILLIAM
Address: 1501 NW 15 CT.
City-St-Zip: BOCA RATON, FL 33486

Title: SD () Delete
Name: RADER, JAY
Address: 2248 QUAIL RIDGE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD () Delete
Name: COLBY, MICHAEL
Address: 6225 HAWKES BLUFF AVENUE
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: BALAZS, RONALD
Address: 8926 OLDE HICKORY AVE.
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: STUTZKE, E. MICHAEL
Address: 9001 SHARK BLVD.
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MICHAEL COLBY

TD

02/02/2008

Electronic Signature of Signing Officer or Director

Date