


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90030 014 ****61.25

DOCUMENT # 751913 1. Entity Name FLORIDA ASSOCIATION FOR THEATER EDUCATION, INC.					
Principal Place of Business 2553 FOREST PARKWAY SOUTH LARGO, FL 33771 US			Mailing Address 2553 FOREST PARKWAY SOUTH LARGO, FL 33771 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1990642	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINTZ, MURRAY 2553 FOREST PARKWAY SOUTH LARGO, FL 33771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAFF, GARY A. 331-07 IVES DAIRY ROAD MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAY, TIMOTHY JR. 3100 NW 97TH TERRACE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLAY, TIMOTHY JR. 3100 NW 97TH TERRACE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENNETT, SARAH 964 LINDA ROAD BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MINTZ, MURRAY 2553 FOREST PARKWAY SOUTH LARGO, FL 33771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, DON 29 TURNSTONE DR. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VASALLO, MICHAEL 4080 18TH AVENUE NORTH ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Murray Mintz</i> MURRAY MINTZ, EXEC. DIR. 1/7/08 727-535-0113 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					