2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751913

FILED Jan 16, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR THEATER EDUCATION, INC.

	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
2553 FOR LARGO, F	EST PARKWA L 33771 US				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2553 FOR LARGO, F	EST PARKWA L 33771 US				
FEI Number	: 59-1990642	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
MINTZ, MI 2553 FOR LARGO, F	EST PARKWA				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
· · · · · · · · · · · · · · · · · · ·					
Title: Name: Address: City-St-Zip:		TERRACE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () FLAY, TIMOTHY 3100 NW 97TH CORAL SPRING	/ JR TERRACE SS, FL 33071 Delete AH D	Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD () FLAY, TIMOTHY 3100 NW 97TH CORAL SPRING VPD () BENNETT, SAR 964 LINDA ROA BELLE GLADE, ED () MINTZ, MURRA	/ JR TERRACE 3S, FL 33071 Delete AH D FL 33430 Delete Y PARKWAY SOUTH	Name: Address: City-St-Zip: Title: Name: Address:		
Title: Name: Address:	PD () FLAY, TIMOTHY 3100 NW 97TH CORAL SPRING VPD () BENNETT, SAR. 964 LINDA ROA BELLE GLADE, ED () MINTZ, MURRA 2553 FOREST I LARGO, FL 333	/ JR TERRACE SS, FL 33071 Delete AH .D FL 33430 Delete Y PARKWAY SOUTH 771 Delete E DR.	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition	

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: MURRAY MINTZ ED 01/16/2009