# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2004**
**Secretary of State**

DOCUMENT# 758348

**Entity Name:** FLORIDA ASSOCIATION OF POSTSECONDARY SCHOOLS AND COLLEGES, INC.

**Current Principal Place of Business:**

150 SOUTH MONROE
SUITE 303
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 SOUTH MONROE
SUITE 303
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

**FEI Number: 59-2444267** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIDD, CECIL
150 SOUTH MONROE
SUITE 303
TALLAHASSEE, FL 32301 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: | PD | ( ) Delete |
| Name: | KNOBEL, DAVID | |
| Address: | 3750 W 18TH AVE | |
| City-St-Zip: | HIALEAH, FL 33012 | |
| Title: | SD | ( ) Delete |
| Name: | MCCLOY, AL | |
| Address: | 5411 TYSON AVE | |
| City-St-Zip: | TAMPA, FL 33611 | |
| Title: | TD | ( ) Delete |
| Name: | BRADLEY, NANCY | |
| Address: | 1573 W FAIRBANKS AVE | |
| City-St-Zip: | ORLANDO, FL 32789 | |
| Title: | D | ( ) Delete |
| Name: | BONWITT, GIL | |
| Address: | 7757 W FLAGLER ST STE 200 | |
| City-St-Zip: | MIAMI, FL 33314 | |
| Title: | D | ( ) Delete |
| Name: | COSGROVE, GARY | |
| Address: | 2600 LAKE LUCIEN DR STE 140 | |
| City-St-Zip: | MAITLAND, FL 32751 | |
| Title: | DPE | ( ) Delete |
| Name: | GUTTMAN, MARK | |
| Address: | 1700 HALSTEAD BLVD BLDG 2 | |
| City-St-Zip: | TALLAHASSEE, FL 32308 | |

**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 |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | DPE | (X) Change ( ) Addition |
| Name: | GUTMANN, MARK | |
| Address: | 1700 HALSTEAD BLVD BLDG 2 | |
| City-St-Zip: | TALLAHASSEE, FL 32308 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK GUTMANN DPE 02/05/2004

Electronic Signature of Signing Officer or Director — Date