2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758348

FILED Jan 04, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

150 SOUTH MONROE 150 SOUTH MONROE STREET

SUITE 303 SUITE 303

TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301

New Mailing Address: **Current Mailing Address:**

150 SOUTH MONROE 150 SOUTH MONROE STREET

SUITE 303 SUITE 303

TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 US

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

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

KIDD, CECIL MIZERECK, KATHRYN K 150 SOUTH MONROE 150 SOUTH MONROE STREET SUITE 303 SUITE 303

TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 US

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: KATHRYN K. MIZERECK 01/04/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WADE, MELISSA SLAYTER, DON Name: Name: 2001 WEST SAMPLE RD SUITE 318 Address: 8711 LONE STAR ROAD Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: JACKSONVILLE, FL 32765

Title: PD () Delete Title: (X) Change () Addition

MCCLOY, AL Name: WADE, MELISSA Name: Address: 5411 TYSON AVE Address: 2001 WEST SAMPLE ROAD

City-St-Zip: TAMPA, FL 33611 City-St-Zip: POMPANO BEACH, FL 33064

Title: () Delete Title: (X) Change () Addition DON, SLAYTER AMOR, ALEX Name: Name:

12689 CHALLENGER PARKWAY, STE 130 5555 WEST FLAGLER STREET Address: Address:

City-St-Zip: ORLANDO, FL 32826 City-St-Zip: MIAMI, FL 33134

Title: () Delete Title: (X) Change () Addition AMOR, ALEX Name: Name: SLATER, WAYNE

5555 WEST FLAGLER ST Address: Address: 4424 BEE RIDGE ROAD City-St-Zip: MIAMI, FL 33134 City-St-Zip: SARASOTA, FL 34223

Title: () Delete Title: (X) Change () Addition

POLMEAR, WILLIAM POLMEAR, WILLIAM Name: Name:

5225 MEMORIAL HWY 17910 SHELTERED RIDGE LANE Address: Address:

City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33647

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: KATHRYN K. MIZERECK ED 01/04/2008