

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90761 033 ****61.25

DOCUMENT # 758437

1. Entity Name
**FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION
INCORPORATED**



Principal Place of Business
**7076 RAMOTH DR
JACKSONVILLE, FL 32226-48**

Mailing Address
**16013 CHASTAIN RD.
ODESSA, FL 33556**

14017768



2. Principal Place of Business
3010 Southshore Cir.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip
32312
Country
USA

City & State

Zip

Country

01302004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2141327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DONNA HOUCHEN
16013 CHASTAIN RD.
ODESSA, FL 33556**

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

Donna Houchen

Donna Houchen Treasurer 4/30/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PPD
WHEELER, MARGARET ANNE
300 E. BELVEDERE
LAKELAND, FL 33803** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WAULARD, PAM
8540 SUNSPRITE COURT
ORLANDO, FL 32818** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HOUCHEN, DONNA
16013 CHASTAIN RD.
ODESSA, FL 33556** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TRAVIS, PAT
729 LOORNIS AVE
DAYTONA BEACH, FL 32114** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PED
THURBUR, LISA
4009 MADISON ST.
HOLLYWOOD, FL 33021** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Woulard** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Holly Labien
500 E. Ocean Boulevard
Stuart, FL 34994** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Jane Lane
400 E Lake Mary Blvd
Sanford, FL 32773-7127** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Donna Houchen
Donna Houchen

DATE

4/30/04 813-872-5254
Date Daytime Phone #