

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758437

FILED
May 01, 2005
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION INCORPORATED

Current Principal Place of Business:

3010 SOUTHERNSHORE CIR
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

16013 CHASTAIN RD.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-2141327 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DONNA HOUGHEN
16013 CHASTAIN RD.
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

HOUGHEN, DONNA C
16013 CHASTAIN RD.
ODESSA, FL 33556 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: DONNA C. HOUGHEN

05/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: WAULARD, PAM
Address: 8540 SUNSPRITE COURT
City-St-Zip: ORLANDO, FL 32818

Title: TD () Delete
Name: HOUGHEN, DONNA
Address: 16013 CHASTAIN RD.
City-St-Zip: ODESSA, FL 33556

Title: SD () Delete
Name: LABIEN, HOLLY
Address: 500 E OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: LANE, JANE
Address: 400 E LAKE MARY BLVD
City-St-Zip: SANFORD, FL 327737127

Title: () Delete
Name:
Address:
City-St-Zip:

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: VD () Change (X) Addition
Name: MILLER, JUDI
Address: 4131 S. US 1, BLDG 2, #4
City-St-Zip: FT. PIERCE, FL 34982

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: DONNA C. HOUGHEN

TD

05/01/2005

Electronic Signature of Signing Officer or Director

Date