

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90037 016 \*\*\*\*61.25

**DOCUMENT # 763582**

1. Entity Name

FLORIDA COUNCIL OF TEACHERS OF ENGLISH  
(FCTE), INC.



Principal Place of Business

Mailing Address

6790 VERONICA CT  
ST AUGUSTINE FL 32086  
US

6790 VERONICA CT  
ST AUGUSTINE FL 32086  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2659188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, SHARA  
6790 VERONICA CT  
ST AUGUSTINE FL 32086

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME WHITE, VIRGINIA  
STREET ADDRESS 2700 MIZELL AVE, 406A  
CITY- ST- ZIP FERNANDINA BEACH FL 32034

TITLE President ☒ Change ☐ Addition  
NAME Bondurant, Diane  
STREET ADDRESS 2601 Thornhill Rd.  
CITY- ST- ZIP Auburndale FL 33823

TITLE V ☒ Delete  
NAME BONDURANT, DIANE  
STREET ADDRESS 2601 THORNHILL RD  
CITY- ST- ZIP AUBURNDALE FL 33823

TITLE V (Second Vice-Pres.) ☐ Change ☒ Addition  
NAME Jane Feber  
STREET ADDRESS 10921 Pine Acres Rd.  
CITY- ST- ZIP Jacksonville, FL 32257

TITLE V ☐ Delete  
NAME KAYWELL, JOAN F DR  
STREET ADDRESS 1303 N RIVERHILLS DR  
CITY- ST- ZIP TEMPLE TERRACE FL 33617

TITLE Executive Secretary ☐ Change ☒ Addition  
NAME Paula Clements  
STREET ADDRESS 4912 Toni Ave.  
CITY- ST- ZIP Lakeland, FL 33812

TITLE S ☒ Delete  
NAME JONES, LESLIE D  
STREET ADDRESS 704 CHESSWOOD CT.  
CITY- ST- ZIP FRUIT COVE FL 32259

TITLE Recording Secretary ☐ Change ☒ Addition  
NAME Jennifer Campbell  
STREET ADDRESS 15864 - 129th Rd.  
CITY- ST- ZIP McAlpin, FL 32062

TITLE T ☐ Delete  
NAME HOLT, SHARA W  
STREET ADDRESS 6790 VERONICA CT  
CITY- ST- ZIP ST AUGUSTINE FL 32086

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Shara W. Holt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-07 904-819-7546

Date

Daytime Phone #