

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

03-07-2008 90045 020 ****61.25

DOCUMENT # 763582 1. Entity Name FLORIDA COUNCIL OF TEACHERS OF ENGLISH (FCTE), INC.					
Principal Place of Business 6790 VERONICA CT ST AUGUSTINE FL 32086 US			Mailing Address 6790 VERONICA CT ST AUGUSTINE FL 32086 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2659188	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HOLT, SHARA 6790 VERONICA CT ST AUGUSTINE FL 32086			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: <u>Shara W. Holt</u> 02-02-08 Signature, typed or printed name of registered agent and the date of signature. (NOTE: This statement must be signed by the registered agent.)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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 NAME STREET ADDRESS CITY- ST- ZIP	P BONDURANT, DIANE 2601 THORNHILL RD. AUBURNDALE FL 33823	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Kaywell, Joan F. Dr. 1303 Riverhills Dr. Temple Terrace, FL 33617	☒ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ZVP FEUER, JANE 10921 PINE ACRES RD. JACKSONVILLE FL 32257	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V Jane Feuer 10921 Pine Acres Rd. Jacksonville, FL 32257	☒ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V KAYWELL, JOAN F DR 1303 N RIVERHILLS DR TEMPLE TERRACE FL 33617	TITLE NAME STREET ADDRESS CITY- ST- ZIP	ZVP megan Pankiewicz 1743 LALIQUE LN. ORLANDO, FL 32828	☒ Delete	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary (Executive) CLEMENTS, PAULA 4912 TONI AVE. LAKELAND FL 33812	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HOLT, SHARA W 6790 VERONICA CT ST AUGUSTINE FL 32086	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary (Recording) CAMPBELL, JENNIFER 15864-129TH RD. MC ALPIN FL 32062	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition
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: <u>Shara W. Holt</u> 3/29/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					