

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763582

FILED
Mar 19, 2009
Secretary of State

Entity Name: FLORIDA COUNCIL OF TEACHERS OF ENGLISH (FCTE), INC.

Current Principal Place of Business:

6790 VERONICA CT
ST AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

6790 VERONICA CT
ST AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-2659188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLT, SHARA
6790 VERONICA CT
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAYWELL, JOAN F DR
Address: 1303 RIVERHILLS DR.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: V () Delete
Name: FEBER, JANE
Address: 10921 PINCE ACRES RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: 2VP () Delete
Name: PANKIEWICZ, MEGAN
Address: 1743 LALIQUE LANE
City-St-Zip: ORLANDO, FL 32828

Title: S () Delete
Name: CLEMENTS, PAULA
Address: 4912 TONI AVE.
City-St-Zip: LAKE LAND, FL 33812

Title: T () Delete
Name: HOLT, SHARA W
Address: 6790 VERONICA CT
City-St-Zip: ST AUGUSTINE, FL 32086

Title: S () Delete
Name: CAMPBELL, JENNIFER
Address: 15864-129TH RD.
City-St-Zip: MC ALPIN, FL 32062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FEBER, JANE
Address: 10921 PINE ACRES RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: V (X) Change () Addition
Name: PANKIEWICZ, MEGAN
Address: 1743 LALIQUE LANE
City-St-Zip: ORLANDO, FL 32828

Title: 2VP (X) Change () Addition
Name: CRAIG, PAM DR.
Address: 5401 34TH ST., W.
City-St-Zip: BRADENTON, FL 34210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARA HOLT

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date