2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2011
Secretary of State

DOCUMENT# 763582

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
Name: CRAIG, PAM DR.
Address: 13610 2ND AVE. NE
City-St-Zip: BRADENTON, FL 34212

Title: V
Name: HOUSER, SUSAN
Address: 3901 22ND AVENUE S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: 2VP
Name: SHEEHAN, KYM
Address: 22135 LANCASTER AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ES
Name: SKIPPER, SUZANNE
Address: 1725 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHARA HOLT T 02/20/2011
Electronic Signature of Signing Officer or Director Date