

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90164 013 ****61.25

DOCUMENT # N00000006359

1. Entity Name
FLORIDA ASSOCIATION OF COMPUTER TEACHERS, INC.



Principal Place of Business
600 S. CLYDE MORRIS BLVD., RM 143
EMBRY-RIDDLE AERONAUTICAL UNIV.
DAYTONA BCH FL 32114-3900

Mailing Address
600 S. CLYDE MORRIS BLVD., RM 143
EMBRY-RIDDLE AERONAUTICAL UNIV.
DAYTONA BCH FL 32114-3900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3675511

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

COLLINS, JAN
600 S. CLYDE MORRIS BLVD., RM 143
EMBRY-RIDDLE AERONAUTICAL UNIV.
DAYTONA BCH FL 32114-3900

Name
DAVID Bethelmy (Treasurer)
Street Address (P.O. Box Number is Not Acceptable)
600 S. Clyde Morris Blvd # 143
Embry Riddle Aero Univ.
City
Daytona Beach **FL** **Zip Code**
32114

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

4/15/03

FILE NOW: FEE IS \$61.25

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	PD SCARBEAU, BRIAN LAKE HIGHLAND PREP, 901 N. HIGHLAND AVE. ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYES, LINDA FL VIRTUAL SCHOOL, 120 LAKE DRIVE DEBARY FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REEDER, BYRON BOLLE'S SCHOOL, 7400 SAN JOSE BLVD JACKSONVILLE FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLINS, JAN ERAU-LB143, 600 S. CLYDE MORRIS BLVD. DAYTONA BCH FL 32114-3900	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFIN, STEVE LINCOLN HIGH SCHOOL, 3838 TROJAN TRAIL TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PORTER, SCOTT DEVRY INSTITUTE, 4000 MILLENIA BLVD ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYES, LINDA (President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FL VIRTUAL SCH, 120 LAKE DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROCK, LISA (Exec VP) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pine Crest School 501 NE 62nd St FORT CAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTS, MARGARET (VP Programs) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fort Pierce Central H.S. 1101 EDWARDS RD FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARU, CAROLINE (VP Membership) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition New Smyrna Beach HS. 100 BARRACUDA BLVD NEW SMYRNA, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCARBEAU, BRIAN (Past President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAKE HIGHLAND PREP 901 N. HIGHLAND AV. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIRIE, BRENT (At Large) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LAKE HIGHLAND PREP 901 N. HIGHLAND AV. ORLANDO, FL 32803

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **JAN COLLINS (Treasurer, VP)** **4/15/03 386-226-6056**

CR2E037 (10/02)