# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2008**
**Secretary of State**

DOCUMENT# N00904

**Entity Name:** DADE COUNTY SCHOOL ADMINISTRATORS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1844 NORTH NOB HILL ROAD
#427
PLANTATION, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

1844 NORTH NOB HILL ROAD
#427
PLANTATION, FL 33322 US

**New Mailing Address:**

**FEI Number: 59-1264654** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURDEEN, CHARLES M MR.
1844NOB HILL RD
427
PLANTATION, FL 33322 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: D ( ) Delete
Name: ALTMAN, RONALD
Address: 1844 N NOB HILL ROAD #427
City-St-Zip: PLANTATION, FL

Title: D ( ) Delete
Name: BURDEEN, CHARLES,
Address: 1844 N NOB HILL ROAD #427
City-St-Zip: PLANTATION, FL

Title: D ( ) Delete
Name: BRITO, ERNIE,
Address: 1844 N NOB HILL RD #427
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Delete
Name: CHARLES BURDEEN,
Address: 1844 NOB HILL RD #427
City-St-Zip: PLANTATION, FL 33322 BR

Title: D (X) Delete
Name: MARVIN CHAPMAN,
Address: 1844 NOB HILL RD #427
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: CHAPMAN, MARVIN
Address: 1844 N NOB HILL ROAD #427
City-St-Zip: PLANTATION, FL

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

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: CHARLES BURDEEN D 04/07/2008

Electronic Signature of Signing Officer or Director — Date