2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 26, 2004 8:00 am **Secretary of State** DOCUMENT # N01000001733 1. Entity Name 02-26-2004 90006 030 ****61.25 FLORIDA ALLIANCE OF SUBSTITUTE TEACHERS. INC. Mailing Address Principal Place of Business 1222 SE 47TH ST 1211 SOUTHWEST 49TH TERRACE CAPE CORAL FL 33914 SUITE 212 54012021 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number City & State 65-1076095 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent به اعيڪري بعشيون ۾ انداز ايور انداز ۾ انداز GOETZ, MARVIN A Street Address (P.O. Box Number is Not Acceptable) 1211 SW 49TH TERRACE CAPE CORAL FL 33914 Zip Code FL 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) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition □ Change TITLE ☐ Delete TITLE GOETZ, MARVIN A NAME 2830 WINKLER AVENUE SUITE 205 SW 49 Jessace STREET ADDRESS STREET ADDRESS Cape Coral, Al 33914 FORT MYERS FL 33916 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MCBEE, MILDRED NAME NAME 2830 WINKLER AVENUE SUITE 205 1211 SW 49 Jerrace STREET ADDRESS STREET ADDRESS FORT MYERS FL 33916 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE JANKLOW, SANDRA NAME NAME SW 49 Terrace 2830 WINKLER AVENUE SUITE 205 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33916 CITY-ST-ZIP City-St-ZIP ☐ Addition ☐ Defete TITLE TITLE BOYLE, THOMAS J NAME NAME 1211 SW 49 Jerrace Cape Coral, Il 33914 2830 WINKLER AVENUE SUITE 205 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33916 CITY-ST-ZIP C/TY-ST-7IP ☐ Addition Delete TITLE BOWMAN, DIANE NAME 2330 WINKLER AVENUE SUITE 205 STREET ADDRESS STREET ACCREESS FORT MYERS FL 33916 CITY-ST-27 City-ST-ZiP ☐ Addition ☐ Delete TITLE THE BAUM, GORDON M NAME

Thereby 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 peort 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 emp

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

2830 WINKLER AVENUE SUITE 205

FORT MYERS FL 33916

HALF

STREET CATCE

CITY:SE.

2/22/04 (239)542-1746

FILED