

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001733 1. Entity Name FLORIDA ALLIANCE OF SUBSTITUTE TEACHERS, INC.		
Principal Place of Business 1211 S.W. 49TH TERRACE CAPE CORAL FL 33914		Mailing Address 1211 S.W. 49TH TERRACE CAPE CORAL FL 33914
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip



1st MOORE CR2E037 (10/04)

4. FEI Number 65-1076095		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOETZ, MARVIN A 1211 SW 49TH TERRACE CAPE CORAL FL 33914	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW; FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P GOETZ, MARVIN A <input type="checkbox"/> Delete 1211 S.W. 49TH TERRACE CAPE CORAL FL 33914	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000229196 02/14/05-80068-018 61.25
STREET ADDRESS	STREET ADDRESS	TITLE	TITLE
CITY-ST-ZIP	CITY-ST-ZIP	NAME	NAME
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	STREET ADDRESS
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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: Marvin A Goetz *du* Marvin A Goetz 2/10/05 339-542-1746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #