

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001733

FILED  
Apr 02, 2006  
Secretary of State

**Entity Name:** FLORIDA ALLIANCE OF SUBSTITUTE TEACHERS, INC.

**Current Principal Place of Business:**

1211 S.W. 49TH TERRACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1211 S.W. 49TH TERRACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 65-1076095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOETZ, MARVIN A  
1211 SW 49TH TERRACE  
CAPE CORAL, FL 33914 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 ( ) Delete  
Name: GOETZ, MARVIN A  
Address: 1211 S.W. 49TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: V ( ) Delete  
Name: MCBEE, MILDRED  
Address: 1211 S.W. 49TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: S ( ) Delete  
Name: JANKLOW, SANDRA  
Address: 1211 S.W. 49TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: BOYLE, THOMAS J  
Address: 1211 S.W. 49TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: BOWMAN, DIANE  
Address: 1211 S.W. 49TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: BAUM, GORDON M  
Address: 1211 S.W. 49TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

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

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

Title: V (X) Change ( ) Addition  
Name: MCBEE, MILDRED  
Address: 802 EAST 6TH STREET  
City-St-Zip: APOPKA, FL 32703

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 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: MARVIN A. GOETZ

P

04/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date