

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001733

FILED
Apr 18, 2007
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: 802 EAST6TH STREET
City-St-Zip: APOPKA, FL 32703

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: VP (X) Change () Addition
Name: MCBEE, MILDRED
Address: 802 EAST6TH STREET
City-St-Zip: APOPKA, FL 32703

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

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

PRES

04/18/2007

Electronic Signature of Signing Officer or Director

Date