2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N01000001733

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:	VP	( ) Delete
Name:	MCBEE, MILDRED	
Address:	802 EAST6TH STREET	
City-St-Zip:	APOPKA, FL 32703	
Title:	D	( ) 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:	( ) 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:	
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: MARVIN A. GOETZ PRES 04/26/2009

Electronic Signature of Signing Officer or Director — Date