

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004354

FILED
Apr 30, 2005
Secretary of State

Entity Name: FLORIDA AMERICAN SIGN LANGUAGE TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

3111 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

3111 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 59-3171047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUCKERMAN, CHERYL
3111 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK, FL 33066 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: ZUCKERMAN, CHERYL
Address: 3111 CARAMBOLA CIRCLE SOUTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: TUCCELLI, MIKE DR
Address: PO BOX 5941
City-St-Zip: GAINESVILLE, FL 32627

Title: VP () Delete
Name: RASMUSSEN, ALYSSE
Address: 407 S 12TH ST.
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: ADAMS, LINDA-ROSE
Address: 435 ISLAND SHORES DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: D () Delete
Name: JUSTL, JULIA
Address: PO BOX 3787
City-St-Zip: TALLAHASSEE, FL 32315

Title: D () Delete
Name: ERNEST, LEONARD M
Address: 6420 CRESTHILL DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RASMUSSEN, ALYSSE
Address: 407 S 12TH ST
City-St-Zip: LEESBURG, FL 34748

Title: S (X) Change () Addition
Name: COMBEE, LINDA
Address: 1004 WILDWOOD W.
City-St-Zip: LAKELAND, FL 33801

Title: T (X) Change () Addition
Name: ADAMS, LINDA-ROSE
Address: 5224 ARBOR GLENN CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Change () Addition
Name: TUCCELLI, MIKE DR
Address: PO BOX 5941
City-St-Zip: GAINESVILLE, FL 32627

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 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 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: CHERYL ZUCKERMAN

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date