2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004354

FILED Apr 30, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 3111 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066 **Current Mailing Address: New Mailing Address:** 3111 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066 FEI Number: 59-3171047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZUCKERMAN, CHERYL 3111 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ZUCKERMAN, CHERYL Name: Name: 3111 CARAMBOLA CIRCLE SOUTH Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: () Change () Addition RASUMUSSEN, ALYSSE Name: Name: Address: 407 S 12TH ST Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: () Delete Title: () Change () Addition COMBEE, LINDA Name: Name: Address: 1004 WILDWOOD W. Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ADAMS, LINDA-ROSE Name: 5224 ARBOR GLENN CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: (X) Change () Addition TUCCELLI, MIKE DR HARDY, STEPHEN II Name: Name: PO BOX 5941 Address: Address: PO BOX 651 City-St-Zip: GAINSVILLE, FL 32627 City-St-Zip: ARCHOR, FL 32618 Title: () Delete Title: (X) Change () Addition ERNEST, LEONARD M JENNIFER, BRIGGS Name: Name: Address: 6420 CRESTHILL DRIVE Address: 1607 16TH COURT TAMPA, FL 33615 JUPITER, FL 33477 City-St-Zip: 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: CHERYL ZUCKERMAN P 04/30/2006