

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004354

FILED
Jun 13, 2007
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZUCKERMAN, CHERYL
3111 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK, FL 33066 US

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

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

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

Title: D () Delete
Name: HARDY, STEPHEN II
Address: PO BOX 651
City-St-Zip: ARCHOR, FL 32618

Title: D () Delete
Name: JENNIFER, BRIGGS
Address: 1607 16TH COURT
City-St-Zip: JUPITER, FL 33477

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: D (X) Change () Addition
Name: CIMINO, LORI
Address: 597 ATLANTIC DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D (X) Change () Addition
Name: SHAWN, OLMSTEAD
Address: 802 LIVE OAK LANE
City-St-Zip: OVIEDO, FL 32765

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: CHERYL ZUCKERMAN

P

06/13/2007

Electronic Signature of Signing Officer or Director

Date