2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N02000008332

Entity Name: FLORIDA ASSOCIATION OF SCHOOL ADVISORY COUNCILS, INC.

Current Principal Place of Business:

923 NW 36 AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

923 NW 36 AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 41-2068802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNDY, DWAYNE
923 NW 36 AVENUE
GAINESVILLE, FL 32605 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: D ( ) Delete
Name: MUNDY, DWAYNE
Address: 923 NW 36 AVENUE
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: MINER, DAVIS W
Address: 523 39 ST W
City-St-Zip: BRADENTON, FL 34205

Title: D ( ) Delete
Name: MCCORMICK, THERESA
Address: 5194 HUNTINGTON CIRCLE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D ( ) Delete
Name: CAMP, NINA
Address: 2941 BID SKY BLVD
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: GREEN, LINDA
Address: 13221 SW 29 CT
City-St-Zip: DAVIE, FL 33330

Title: D ( ) Delete
Name: BENSON, LAURA
Address: 4805 GREENLEAF RD
City-St-Zip: SARASOTA, FL 34233

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 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: DWAYNE MUNDY PRES 04/30/2005

Electronic Signature of Signing Officer or Director — Date