


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000292 1. Entity Name FLORIDIANS FOR AN AFFORDABLE COLLEGE EDUCATION, INC.	
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Principal Place of Business
204 S MONROE ST
TALLAHASSEE, FL 32301

Mailing Address
204 S MONROE ST
TALLAHASSEE, FL 32301



01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3672720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANK, F. PHILIP ESQ
204 S MONROE ST
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	BLANK, F. PHILIP
STREET ADDRESS	204 S MONROE ST.
CITY - ST - ZIP	TALLAHASSEE, FL 323011840

TITLE	D
NAME	TATE, STANLEY
STREET ADDRESS	204 S. MONROE ST.
CITY - ST - ZIP	TALLAHASSEE, FL 323011840

TITLE	D
NAME	OTTENSTROER, DWAYNE
STREET ADDRESS	204 S MONROE ST.
CITY - ST - ZIP	TALLAHASSEE, FL 323011840

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/28/05-80009-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-681-6710