2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# N03000000668

Entity Name: FLORIDA ASSOCIATION OF BURSARS AND STUDENT ACCOUNTING ADMINISTRATORS CORPORATION

Current Principal Place of Business:

BURSAR, FLORIDA COMMUNITY COLLEGE AT JAX
501 W. STATE STREET, ROOM 325
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

BURSAR, FLORIDA COMMUNITY COLLEGE AT JAX
501 W. STATE STREET, ROOM 325
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 42-1570053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, MARICA
DIR. STUDENT FINANCIAL SRVS. FLORIDA STATE
SUITE A1500 UNIVERSITY CENTER
TALLAHASSEE, FL 323062394 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:	PD	( ) Delete
Name:	PIKE, DARLENE	
Address:	501 W. STATE STREET, ROOM 325	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	VD	( ) Delete
Name:	ATKINS, GREGORY	
Address:	SUITE A1500 UNIVERSITY CENTER	
City-St-Zip:	TALLAHASSEE, FL 323062394	
Title:	VD	( ) Delete
Name:	HANNAH, WAYNE CHARLES	
Address:	10230 RIDGE ROAD, BUILDING E ROOM 114	
City-St-Zip:	NEW PORT RICHEY, FL 346545199	
Title:	TD	( ) Delete
Name:	SLEEPER, SHARI	
Address:	2800 UNIVERSITY BLVD. N.	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	SD	( ) Delete
Name:	PIPER, PATRICK	
Address:	CRISER HALL S-113, P.O. BOX 114050	
City-St-Zip:	GAINESVILLE, FL 326113200	
Title:	PD	( ) Delete
Name:	MURPHY, MARCIA	
Address:	SUITE A1500 UNIVERSITY CENTER	
City-St-Zip:	TALLAHASSEE, FL 323062394	

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: DARLENE PIKE PD 01/10/2005

Electronic Signature of Signing Officer or Director — Date