

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000668

FILED
Jan 27, 2006
Secretary of State

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: PD (X) Change () Addition
Name: SEM, HIRAM
Address: 5915 PONCE DE LEON BLVD STE#41
City-St-Zip: CORAL GABLES, FL 33146

Title: TD (X) Change () Addition
Name: KAPLAN, STEVE
Address: PO BOX 3028
City-St-Zip: ORLANDO, FL 32802

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 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: DARLENE PIKE

PD

01/27/2006

Electronic Signature of Signing Officer or Director

Date