

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000668

FILED
Jan 06, 2010
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:

BURSAR, UNIVERSITY OF NORTH FLORIDA
1 UNF DR.-BLDG 53-ATTN: M PARTYKA
JACKSONVILLE, FL 322242

Current Mailing Address:

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

New Mailing Address:

BURSAR, UNIVERSITY OF NORTH FLORIDA
1 UNF DR.-BLDG 53-ATTN: M PARTYKA
JACKSONVILLE, FL 322242

FEI Number: 42-1570053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: PIKE, DARLENE
Address: 501 W. STATE STREET, ROOM 325
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD
Name: PARTYKA, MARGARET
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD
Name: BERARD, DEBORAH
Address: 1 UNF DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD
Name: IVERSON, AMY
Address: 1200 WEST INT'L SPEEDWAY BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD
Name: MURPHY, MARCIA
Address: SUITE A1500 UNIVERSITY CENTER
City-St-Zip: TALLAHASSEE, FL 323062394

I hereby 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 all other like empowered.

SIGNATURE: MARGARET PARTYKA

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date