

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004112

FILED
Apr 13, 2009
Secretary of State

Entity Name: ASSOCIATION OF COLLEGIATE SCHOOLS OF PLANNING, INC.

Current Principal Place of Business:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312 US

Current Mailing Address:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312

New Mailing Address:

6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312 US

FEI Number: 54-2110263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODD, DONNA
6311 MALLARD TRACE DR
TALLAHASSEE, FL 32312 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: SD () Delete
Name: HOWLAND, MARIE
Address: 1200 SCHOOL OF ARCHITECTURE
City-St-Zip: COLLEGE PARK, MD 20742 US

Title: PD () Delete
Name: HIBBARD, MICHAEL
Address: 1209 UNIVERSITY OF OREGON
City-St-Zip: EUGENE, OR 97403 US

Title: VD () Delete
Name: CONTANT, CHERYL
Address: GEORGIA INS. TECH COLLEGE OF ARCHITECTURE
City-St-Zip: ATLANTA, GA 30332 US

Title: TD () Delete
Name: NOCKS, BARRY
Address: 124 LEE HALL, BOX 340511
City-St-Zip: CLEMSON, SC 29634 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CONTANT, CHERYL
Address: 500 EAST 4TH STREET
City-St-Zip: MORRIS, MN 56267 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARRY NOCKS

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date