

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90110 027 ****61.25

DOCUMENT # N03000004964 1. Entity Name FLORIDA ASSOCIATION OF SCHOLARSHIP FUNDING ORGANIZATIONS, INC.					
Principal Place of Business 1101 NORTH LAKE DESTINY ROAD SUITE 375 MAITLAND, FL 32751			Mailing Address 1101 NORTH LAKE DESTINY ROAD SUITE 375 MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 11-3659785	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OMETRIAS D. LONG & ASSOCIATES, P.A. 400 PARK AVENUE SOUTH SUITE 150 WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C <input type="checkbox"/> Delete		TITLE	T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORSTER, CINDY		NAME		
STREET ADDRESS	PO BOX 49099		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 322409099		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	C, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, SALLY		NAME		
STREET ADDRESS	1101 N. LAKE DESTINY RD STE 375		STREET ADDRESS		
CITY - ST - ZIP	MAITLAND, FL 32751		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	VC, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, HEATHER		NAME		
STREET ADDRESS	601 N. ASKLEY DR STE 300		STREET ADDRESS	601 N. Ashley Dr., Ste 300	
CITY - ST - ZIP	TAMPA, FL 33602		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, CLAUDE		NAME		
STREET ADDRESS	13889 DEL WEBB BLVD		STREET ADDRESS		
CITY - ST - ZIP	SUMMERFIELD, FL 34491		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 all other like empowered.					
SIGNATURE:			4/1/05 813-312-0995		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		