

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90131 035 ****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
337 S. Plant Ave

3. Mailing Address
P.O. Box 1670

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33601

Country

Zip
33601

Country

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number
20501227 11-3659785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OMETRIAS D. LONG & ASSOCIATES, P.A.
400 PARK AVENUE SOUTH
SUITE 150
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name
Kim Dyson
Street Address (P.O. Box Number is Not Acceptable)

337 S. Plant Ave
City
Tampa FL Zip Code
33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FORSTER, CINDY
PO BOX 49099
JACKSONVILLE BEACH, FL 322409099** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SIMMONS, SALLY
1101 N. LAKE DESTINY RD STE 375
MAITLAND, FL 32751** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
MOORE, HEATHER
601 N ASHLEY DR, STE 300
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCDONALD, CLAUDE
13889 DEL WEBB BLVD
SUMMERFIELD, FL 34491** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD ☒ Change ☐ Addition

**PO BOX 1670
Tampa FL 33601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

Date

Daytime Phone #