

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003481

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA SCHOOL FINANCE OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:

301 4TH ST. SW
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

301 4TH ST. SW
LARGO, FL 33770

New Mailing Address:

FEI Number: 41-2141339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, CATHERINE N
301 4TH ST. SW
LARGO, FL 33770 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: HIST () Delete
Name: DAVIDSON, CATHERINE N
Address: 301 4TH ST. SW
City-St-Zip: LARGO, FL 33770

Title: PRES () Delete
Name: YANOSIK, MICHAEL
Address: PO BOX 1980
City-St-Zip: LABELLE, FL 33975

Title: PE () Delete
Name: PARKER, CAROLYN
Address: 1701 PRUDENTIAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: EVANS, LEANNE
Address: 3303 FOREST HILLS BLVD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T () Delete
Name: SWINSON, OLGA
Address: 7227 LAND O'LAKES BLVD
City-St-Zip: LAND O'LAKES, FL 34639

Title: S () Delete
Name: HOOPER, CAMILLE
Address: 4204 OKEECHOBEE ROAD
City-St-Zip: FT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: PARKER, CAROLYN
Address: 1701 PRUDENTIAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: PE (X) Change () Addition
Name: EVANS, LEANNE
Address: 3303 FOREST HILLS BLVD
City-St-Zip: 3303 FOREST HILLS BLVD, FL 33406

Title: VP (X) Change () Addition
Name: SWINSON, OLGA
Address: 7227 LAND O'LAKES BLVD
City-St-Zip: LAND O'LAKES, FL 34639

Title: T (X) Change () Addition
Name: CURTS-WHAN, AUDRA
Address: PO BOX 391
City-St-Zip: BARTOW, FL 33831

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: CATHERINE N DAVIDSON

HIST

01/16/2009

Electronic Signature of Signing Officer or Director

Date