

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003481

FILED  
Jan 05, 2011  
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  
Name: DAVIDSON, CATHERINE N  
Address: 301 4TH ST. SW  
City-St-Zip: LARGO, FL 33770

Title: PRES  
Name: SWINSON, OLGA  
Address: 7227 LAND O'LAKES BLVD  
City-St-Zip: LAND O'LAKES, FL 34639

Title: PE  
Name: CURTS-WHAN, AUDRA  
Address: PO BOX 391  
City-St-Zip: BARTOW, FL 33831

Title: VP  
Name: SHAUD, LAURA  
Address: 215 W. GARDEN STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: T  
Name: ODOM, RHONDA  
Address: 200 SOUTH 7TH AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: S  
Name: PAPUGA, JOHN  
Address: 301 4TH ST SW  
City-St-Zip: LARGO, FL 33770

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: CATHERINE N. DAVIDSON

HIST

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date