


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90193 050 \*\*\*\*70.00

<b>DOCUMENT # N04997</b> 1. Entity Name <b>FLORIDA PARENT EDUCATORS ASSOCIATION, INC.</b>					
Principal Place of Business <b>7682 MUNICIPAL DR ORLANDO, FL 32819 US</b>			Mailing Address <b>7682 MUNICIPAL DR ORLANDO, FL 32819 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2608204</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BOGLIOLI, CHERYL 597 SE CROSSPOINT DR PORT SAINT LUCIE, FL 34983</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HICKS, REGINA</b>		NAME		
STREET ADDRESS	<b>8300 VILLAGE EDGE CIR, UNIT 6</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KERNOHAN, JOHN</b>		NAME		
STREET ADDRESS	<b>1215 LINCOLN ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUTHERLAND, LAWANDA</b>		NAME		
STREET ADDRESS	<b>8728 W KNIGHTS GRIFFIN RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL 33565</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOGLIOLI, CHERYL</b>		NAME		
STREET ADDRESS	<b>597 SE CROSSPOINT DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34983</b>		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 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.					
<b>SIGNATURE:</b> <u>Regina D Hicks</u> <b>Regina D Hicks</b> <u>4/19/06</u> <b>239-278-1815</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					