

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005637

FILED
Feb 11, 2006
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF STATE ADMINISTRATORS AND SUPERVISORS OF PRIVATE SCHOOLS, INC.

Current Principal Place of Business:

P.O. BOX 15212
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15212
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 84-1680571 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARTON, COLIN A
3228 BLACK GOLD TRAIL
TALLAHASSEE, FL 32309 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: P () Delete
Name: WARE, JOHN
Address: 35 E. GAY STREET
City-St-Zip: COLUMBUS, OH 43215 US

Title: VP () Delete
Name: CANDELARIA, TERRI
Address: 1400 WEST WASHINGTON, ROOM 260
City-St-Zip: PHOENIX, AZ 85007 US

Title: T () Delete
Name: BARTON, COLIN
Address: 2650 APALACHEE PARKWAY
City-St-Zip: TAALLAHASSEE, FL 32301 US

Title: PR () Delete
Name: DIES, DAVID
Address: 30 WEST MIFFLIN STREET, 9TH FLOOR
City-St-Zip: MADISON, WI 53703 US

Title: S () Delete
Name: ANDERSON, PATRICIA
Address: 1000 SW JACKSON ST., SUITE 520
City-St-Zip: TOPEKA, KS 66612 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: COLIN A. BARTON

T

02/11/2006

Electronic Signature of Signing Officer or Director

Date