

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005637

FILED
May 10, 2007
Secretary of State

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

Current Principal Place of Business:

3228 BLACK GOLD TRAIL
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

3228 BLACK GOLD TRAIL
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 84-1680571 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRANNEN, BRECK
SECOND FLOOR
TALLAHASSEE
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: PD () Delete
Name: WARE, JOHN
Address: 35 E. GAY STREET
City-St-Zip: COLUMBUS, OH 43215 US

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

Title: TD () Delete
Name: BARTON, COLIN
Address: 325 WEST GAINES STREET, STE 1414
City-St-Zip: TALLAHASSEE, FL 32399 US

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

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

Title: D () Delete
Name: WADE, LEROY
Address: 3515 AMAZONAS DRIVE
City-St-Zip: JEFFERSON CITY, MO 65109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: CANDELARIA, TERI
Address: 1400 WEST WASHINGTON, ROOM 260
City-St-Zip: PHOENIX, AZ 85007 US

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 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 BARTON

ED

05/10/2007

Electronic Signature of Signing Officer or Director

Date