


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90020 009 ****61.25

DOCUMENT # N05000005637					
1. Entity Name NATIONAL ASSOCIATION OF STATE ADMINISTRATORS AND SUPERVISORS OF PRIVATE SCHOOLS, INC.					
Principal Place of Business XXXXXXXXXXXXXXXX TALLAHASSEE, FL 32309 P.O. Box 025250 #60017, Miami, FL 33102-5250			Mailing Address XXXXXXXXXXXXXXXX TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRANNEN, BRECK 215 S. MONROE ST. TALLAHASSEE, FL 32309				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME WARE, JOHN STREET ADDRESS 35 E. GAY STREET CITY-ST-ZIP COLUMBUS, OH 43215	<input checked="" type="checkbox"/> Delete		TITLE President NAME Teri Candelaria STREET ADDRESS 1400 Wash. St., Phoenix, AZ CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME CANDELARIA, TERI STREET ADDRESS 1400 WEST WASHINGTON, ROOM 260 CITY-ST-ZIP PHOENIX, AZ 85007	<input type="checkbox"/> Delete		TITLE Vice President NAME David Dies STREET ADDRESS WI, Ed., Approval, Bd., Madison, WI CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME BARTON, COLIN STREET ADDRESS 325 WEST GAINES STREET, STE 1414 CITY-ST-ZIP TALLAHASSEE, FL 32399	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Lane Jeselnik STREET ADDRESS South Carolina Comm, SC CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME DIES, DAVID STREET ADDRESS 30 WEST MIFFLIN STREET, 9TH FLOOR CITY-ST-ZIP MADISON, WI 53703	<input type="checkbox"/> Delete		TITLE Treasurer NAME Mary Jayne Fay STREET ADDRESS MA Dept. of Ed., Malden, MA CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME ANDERSON, PATRICIA STREET ADDRESS 1000 SW JACKSON ST., SUITE 520 CITY-ST-ZIP TOPEKA, KS 66612	<input checked="" type="checkbox"/> Delete		TITLE Director NAME William Crews STREET ADDRESS Non-Public Ed, Georgia CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WADE, LEROY STREET ADDRESS 3515 AMAZONAS DRIVE CITY-ST-ZIP JEFFERSON CITY, MO 65109	<input checked="" type="checkbox"/> Delete		TITLE Past President NAME John Ware STREET ADDRESS Ohio Board, OH CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ <i>Mary Jayne Fay</i> 3/20/08 781-338-3854 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					