

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90012 035 ****70.00

DOCUMENT # N06000000582

Entity Name
**FLORIDA SCHOOL BOARDS ASSOCIATION
CONSTITUTIONAL AMENDMENT ISSUES POLITICAL
COMMITTEE, INC.**



Principal Place of Business
**203 SOUTH MONROE STREET
TALLAHASSEE, FL 32301**

Mailing Address
**203 SOUTH MONROE STREET
TALLAHASSEE, FL 32301**



02212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4261162

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLANTON, A. WAYNE
203 SOUTH MONROE STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DOZIER, JEANNE
1818 LLEWELLYN DR
FORT MYERS, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1V
HERSHEY, SUE
2190 STATE ROAD 13
STUART, FL 34995
BEVERLY SLOUGH
SWITZERLAND, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2V
BOWEN, JOY
2505 FRITZ LN
TALLAHASSEE, FL 32304**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BLANTON, WAYNE
203 S MONROE ST
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08

Date

850 414 2578

Daytime Phone #