

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012820

FILED
Apr 30, 2007
Secretary of State

Entity Name: FPCA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

10150 HIGHLAND MANOR DR., STE. 200
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

10150 HIGHLAND MANOR DR., STE. 200
TAMPA, FL 33610

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVELLINI, PETER A.
911 CHESTNUT ST.
CLEARWATER, FL 33756 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: DP () Delete
Name: SHIMP, EARL
Address: 402 ZOO PARKWAY
City-St-Zip: JACKSONVILLE, FL 32226

Title: DS () Delete
Name: SHANNON, JERRY
Address: P.O. BOX 366098
City-St-Zip: BONITA SPRINGS, FL 341366098

Title: DT () Delete
Name: SWITZER, GLEN
Address: 11325 CR 44E
City-St-Zip: LEESBURG, FL 34788

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:

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: EARL SHIMP

DP

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date