

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06640

FILED  
Aug 10, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF ACCOUNTING EDUCATORS, INC.

**Current Principal Place of Business:**

C/O MIKE WERNER-8650 SW 132 ST  
MIAMI, FL 33156 US

**New Principal Place of Business:**

8831 S.W. 17TH AVE  
STUART, FL 34997 US

**Current Mailing Address:**

C/O MIKE WERNER- 8650 SW 132 ST  
MIAMI, FL 33156

**New Mailing Address:**

8831 S.W. 17TH AVE  
STUART, FL 34997 US

**FEI Number:** 59-2352134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

WERNER, MIKE  
8650 SW 132 ST  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

KLETT, JOHN  
8831 S.W. 17TH AVE  
STUART, FL 34997 US

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: JOHN KLETT

08/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALLEN, VERN  
Address: 3001 SW COLLEGE RD.  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: TARRAGO, LINDA  
Address: 4001 W. TAMPA BAY BLVD  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: WIESE, JANE  
Address: 701 N. ECONLOCKHATCHEE TR  
City-St-Zip: ORLANDO, FL 32825

Title: TD ( ) Delete  
Name: KLETT, JOHN E  
Address: 8831 S.W. 17TH AVE  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: MARI, MARIA  
Address: 11011 S.W. 104TH STREET  
City-St-Zip: MIAMI, FL 33176

Title: P ( ) Delete  
Name: WERNER, MICHAEL  
Address: 8650 SW 132 ST.  
City-St-Zip: MIAMI, FL 33156

**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:

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: JOHN E KLETT

TREA

08/10/2009

Electronic Signature of Signing Officer or Director

Date