

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003094

FILED
Apr 15, 2008
Secretary of State

Entity Name: T.O.N.S. SOUTHEAST EDUCATIONAL CONFERENCE ADVISORY BOARD, INC.

Current Principal Place of Business:

6122 BARTRAM VILLAGE DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

3236 WHITNEY DRIVE EAST
TALLAHASSEE, FL 32309

Current Mailing Address:

6122 BARTRAM VILLAGE DRIVE
JACKSONVILLE, FL 32258

New Mailing Address:

3236 WHITNEY DRIVE EAST
TALLAHASSEE, FL 32309

FEI Number: 14-1993872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDER, VICKIE
6122 BARTRAM VILLAGE DRIVE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

COX, BARBARA ANN
3236 WHITNEY DRIVE EAST
TALLAHASSEE, FL 32309 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: BARBARA ANN COX

04/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CORDER, VICKIE
Address: 6122 BARTRAM VILLAGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: C () Delete
Name: HALPERN, LAUREN
Address: 2700 GLADES CIRCLE, SUITE 117
City-St-Zip: WESTON, FL 33327

Title: S () Delete
Name: BENNETT, DIANE
Address: 307 PARK LANE CIRCLE
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: BUTLER, KORY
Address: 90-27 CLIFF LAKE LANE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HALPERN, LAUREN
Address: 2700 GLADES CIRCLE, SUITE 117
City-St-Zip: WESTON, FL 33327

Title: C (X) Change () Addition
Name: JOANNA, BERENS
Address: 3541 N. HILLS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change () Addition
Name: BROWNELL, BONNIE
Address: 1119 MUSTER STREET
City-St-Zip: ORLANDO, FL 32803

Title: T (X) Change () Addition
Name: ZWART, KATHLEEN
Address: 4800 DEERWOOD CAMPUS PARKWAY, DC 1-4
City-St-Zip: JACKSONVILLE, FL 32246

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: BARBARA ANN COX

ADMI

04/15/2008

Electronic Signature of Signing Officer or Director

Date