# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2008**
**Secretary of State**

DOCUMENT# N07000003931

**Entity Name:** THE FLORIDA ASSOCIATION OF INDEPENDENT SPECIAL EDUCATION FACILITIES, INC.

**Current Principal Place of Business:**

894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708

**New Mailing Address:**

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

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

EGLI, JACQUELINE
894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708 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: D ( ) Delete
Name: CARNER, ZELDA DR.
Address: 8801 SW 114 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: SHUKE, KATHY
Address: 6211 TERRY ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: EGLI, JACQUELINE
Address: 894 GARY HILLERY DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

**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: JACQUELINE EGLI D 04/12/2008

Electronic Signature of Signing Officer or Director — Date