

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003931

FILED  
Apr 08, 2009  
Secretary of State

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

**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:                      PRES                      (X) Change ( ) Addition  
Name:                      EGLI, JACQUELINE  
Address:                      894 GARY HILLERY DRIVE  
City-St-Zip:                      WINTER SPRINGS, FL 32708

Title:                      SEC                      (X) Change ( ) Addition  
Name:                      SHUKE, KATHY  
Address:                      6211 TERRY ROAD  
City-St-Zip:                      JACKSONVILLE, FL 32216

Title:                      TREA                      (X) Change ( ) Addition  
Name:                      EGLI, JACQUELINE  
Address:                      894 GARY HILLERY DRIVE  
City-St-Zip:                      WINTER SPRINGS, FL 32708

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

PRES

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date