

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010948

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLORIDA OCCUPATIONAL THERAPY EDUCATIONAL CONSORTIUM INC.

Current Principal Place of Business:

1200 W. INT'L SPEEDWAY BLVD
BLDG. 320, ROOM 114
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

1200 W. INT'L SPEEDWAY BLVD
BLDG. 320, ROOM 114
DAYTONA BEACH, FL 32114 US

New Mailing Address:

1176 ATHLONE WAY
ORMOND BEACH, FL 32174 US

FEI Number: 83-0497942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, DEBORAH
291 RIVERBEND RD.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

LESAGE, TAMMY
1176 ATHLONE WAY
ORMOND BEACH, FL 32174 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: TAMMY LESAGE

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KASYAN, PAM
Address: 3200 S UNIVERSITY DR
City-St-Zip: FT. LAUDERDALE, FL 33328 US

Title: T () Delete
Name: FOX, DEBORAH
Address: 291 RIVERBEND RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: GUZMIN-SARDINA, SARITZA
Address: 999 VE H NE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: RICHMOND, ROBIN
Address: 999 AVE H NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: T (X) Change () Addition
Name: LESAGE, TAMMY
Address: 1176 ATHLONE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: P (X) Change () Addition
Name: GUZMIN-SARDINA, SARITZA
Address: 999 AVE H NE
City-St-Zip: WINTER HAVEN, FL 33881

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: TAMMY LESAGE

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date