

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004974

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF SCHOOL PERSONNEL ADMINISTRATORS, INC.

**Current Principal Place of Business:**

5204 US HIGHWAY 98 SOUTH  
LAKELAND, FL 33812

**New Principal Place of Business:**

445 WEST AMELIA STREET  
ORLANDO, FL 32801

**Current Mailing Address:**

5204 US HIGHWAY 98 SOUTH  
LAKELAND, FL 33812

**New Mailing Address:**

445 WEST AMELIA STREET  
ORLANDO, FL 32801

**FEI Number:** 59-3698888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MELANSON, BARBARA  
1445 EDUCATION WAY  
PORT CHARLOTTE, FL 33948 US

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

MELENDEZ, JAVIER  
445 WEST AMELIA STREET  
ORLANDO, FL 32801 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: JAVIER MELENDEZ

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MELENDEZ, JAVIER  
Address: 445 WEST AMELIA STREET  
City-St-Zip: ORLANDO, FL 32801

Title: V  
Name: GILBERT, ULYSEES  
Address: 3841 REID STREET  
City-St-Zip: PALATKA, FL 32177

Title: P  
Name: MELANSON, BARBARA  
Address: 1445 EDUCATION WAY  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T  
Name: GREENWOOD, BARBARA  
Address: 445 WEST AMELIA STREET  
City-St-Zip: ORLANDO, FL 32801

Title: S  
Name: KEYTON, LINDA  
Address: 310 NW 11TH AVE  
City-St-Zip: TRENTON, FL 32693

Title: D  
Name: HOWARD, RUBY  
Address: 1500 BISCAYNE BLVD, SUITE 137  
City-St-Zip: MIAMI, FL 33132

I hereby 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 all other like empowered.

SIGNATURE: BARBARA GREENWOOD

T

02/21/2011

Electronic Signature of Signing Officer or Director

Date