

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15498

FILED
May 03, 2007
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF ALTERNATIVE SCHOOL EDUCATORS, INC.

Current Principal Place of Business:

4876 PEACOCK DR
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

4876 PEACOCK DR
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-2478914 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOLFE-SULLIVAN, DEE
4876 PEACOCK DR
PENSACOLA, FL 32504 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: T () Delete
Name: WOLFE-SULLIVAN, DEE
Address: 4876 PEACOCK DR
City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete
Name: TERRY, CYNDI
Address: 1414 PLANTATION CIR #805
City-St-Zip: PLANT CITY, FL 33566

Title: P () Delete
Name: ANTOINE RUSSELL,
Address: 234 NW 10TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: IRIBARREN, RAUL,
Address: 3388 FOREST HILL BLVD.
City-St-Zip: PALM BCH., FL 33406

Title: D () Delete
Name: BURNS, D D
Address: 301 4TH ST SW
City-St-Zip: LARGO, FL 33779

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:

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: DEE WOLFE-SULLIVAN

T

05/03/2007

Electronic Signature of Signing Officer or Director

_____ Date