

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15498

FILED  
Jan 17, 2009  
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 ( )

**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

01/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date