


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90004 012 \*\*\*\*61.25

<b>DOCUMENT # N20732</b> 1. Entity Name SOUTHEAST EVALUATION ASSOCIATION, INC.					
Principal Place of Business PO BOX 10125 TALLAHASSEE, FL 32302-2125			Mailing Address PO BOX 10125 TALLAHASSEE, FL 32302-2125		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2854523	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  HALL, ELLA D 3081 - PLEASANT COURT TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name: <u>Nancy Copa</u> Street Address (P.O. Box Number is Not Acceptable) <u>325 W. Gaines St., Suite 1344</u> City: <u>Tallahassee</u> FL Zip Code: <u>32399-0400</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Nancy C. Copa</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Treasurer</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRINGTON, CAROLYN 657 FOREST LAIR TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PD Gary VanLandingham 111 W. Madison St., Suite 312 Tallahassee, FL 32304-1475	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRING, CAROLYN 657-FOREST LAIR TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect VD Fran Berra 627 Bellamy, Askew School of Public Admin & Policy Tallahassee, FL 32306-2200	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURVA, FELY 2123 CENTRE POINT BLVD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer TD Nancy Copa 325 W. Gaines St, Ste 1344 Tallahassee, FL 32399-0400	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, ELLA 3081-PLEASANT COURT TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nancy C. Copa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>7/9/04</u> <u>245-9456</u> <small>Date Daytime Phone #</small>	

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07092004 Chg-NP CR2E037 (10/03)