2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# N20732

Entity Name: SOUTHEAST EVALUATION ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 10125
TALLAHASSEE, FL 323022125

New Principal Place of Business:

10125 COLLEGE AVE
TALLAHASSEE, FL 323022125

Current Mailing Address:

PO BOX 10125
TALLAHASSEE, FL 323022125

New Mailing Address:

FEI Number: 59-2854523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENDRICK, KAYE
1606 N. MERIDIAN RD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

LUTFI, GHAZWAN A
7699 MCCLURE DRIVE
TALLAHASSEE, FL 32312 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: GHAZWAN A. LUTFI 04/21/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KENDRICK, KAYE
Address: 1606 N. MERIDIAN RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VDPE ( ) Delete
Name: SEROW, BETTY
Address: 1606 N MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD ( ) Delete
Name: MCGUIRE, KATHIE
Address: 1606 N. MERIDIAN RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete
Name: LUTFI, GHAZWAN
Address: 1606 N. MERIDIAN RD.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SEROW, BETTY
Address: 7699 MCCLURE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VDPE (X) Change ( ) Addition
Name: MCNAMARA, SUSAN
Address: 7699 MCCLURE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD (X) Change ( ) Addition
Name: MCGUIRE, KATHIE
Address: 7699 MCCLURE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD (X) Change ( ) Addition
Name: LUTFI, GHAZWAN
Address: 7699 MCCLURE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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: GHAZWAN A. LUTFI TD 04/21/2007
Electronic Signature of Signing Officer or Director Date