

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20732

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: SOUTHEAST EVALUATION ASSOCIATION, INC.

## Current Principal Place of Business:

10125 COLLEGE AVE  
TALLAHASSEE, FL 323022125

## New Principal Place of Business:

10125 COLLEGE AVE  
TALLAHASSEE, FL 32302

## Current Mailing Address:

PO BOX 10125  
TALLAHASSEE, FL 323022125

## New Mailing Address:

PO BOX 10125  
TALLAHASSEE, FL 32302

FEI Number: 59-2854523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUTFI, GHAZWAN A  
7699 MCCLURE DRIVE  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

HOWARD, BERNADETTE MRS.  
1921 NANTICOKE CIRCLE  
TALLAHASSEE, FL 32303 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: BERNADETTE HOWARD

03/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change ( ) Addition  
Name: MCGUIRE, KATHY  
Address: P. O. BOX 10125  
City-St-Zip: TALLAHASSEE, FL 32302

Title: DR. (X) Change ( ) Addition  
Name: WALBY, GARY  
Address: P. O. BOX 10125  
City-St-Zip: TALLAHASSEE, FL 32302

Title: MRS. (X) Change ( ) Addition  
Name: JOHNSON, JENNIFER  
Address: P. O. BOX 10125  
City-St-Zip: TALLAHASSEE, FL 32302

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: BERNADETTE HOWARD

MRS.

03/25/2009

Electronic Signature of Signing Officer or Director

Date