

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34820

FILED
Feb 14, 2006
Secretary of State

Entity Name: FLORIDA COUNCIL FOR THE SOCIAL STUDIES, INC.

Current Principal Place of Business:

5775 OSCEOLA TRAIL
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5775 OSCEOLA TRAIL
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2643694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, DR. THERON
5775 OSCEOLA TRAIL
NAPLES, FL 34109 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: S () Delete
Name: DAVIS, BARBARA
Address: 2128 CALCUTTA RD
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: FELTON, RANDALL
Address: 310 SKATE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: KELLER, SHEILA
Address: 9923 INDIAN KEY TRAIL
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: DAY, SALLY
Address: 2112 EGRET DR.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: DORSETT, FRED,
Address: 1701 MISSISSIPPI AVE NE
City-St-Zip: ST PETERSBURG, FL

Title: MD () Delete
Name: TRIMBLE, DR. THERON
Address: 5775 OSCEOLA TRAIL
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ANZOLA, JESSICA
Address: 5001 SW 20TH ST.
City-St-Zip: OCALA, FL 34474

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 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: THERON L. TRIMBLE

MD

02/14/2006

Electronic Signature of Signing Officer or Director

Date