

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34820

FILED
Mar 21, 2007
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:

1055 MOON LAKE DR.
NAPLES, FL 34104 US

Current Mailing Address:

5775 OSCEOLA TRAIL
NAPLES, FL 34109 US

New Mailing Address:

1055 MOON LAKE DR.
NAPLES, FL 34104 US

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:

TRIMBLE, DR. THERON
1055 MOON LAKE DR.
NAPLES, FL 34104 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:

03/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete

Name: ANZOLA, JESSICA

Address: 5001 SW 20TH ST.

City-St-Zip: OCALA, FL 34474

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: FELTON, RANDALL

Address: 310 SKATE DR

City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: KELLER, SHEILA

Address: 9923 INDIAN KEY TRAIL

City-St-Zip: SEMINOLE, FL 33776

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: DAY, SALLY

Address: 2112 EGRET DR.

City-St-Zip: CLEARWATER, FL

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: DORSETT, FRED,

Address: 1701 MISSISSIPPI AVE NE

City-St-Zip: ST PETERSBURG, FL

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: MD () Delete

Name: TRIMBLE, DR. THERON

Address: 5775 OSCEOLA TRAIL

City-St-Zip: NAPLES, FL 34109

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: THERON L. TRIMBLE

MD

03/21/2007

Electronic Signature of Signing Officer or Director

Date