2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# N34820

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

Current Principal Place of Business:

1055 MOON LAKE DR.
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

1055 MOON LAKE DR.
NAPLES, FL 34104 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
1055 MOON LAKE DR.
NAPLES, FL 34104 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:	ANZOLA, JESSICA	
Address:	5001 SW 20TH ST.	
City-St-Zip:	OCALA, FL 34474	
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:	( ) 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:	
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 TRIMBLE MD 02/08/2008
Electronic Signature of Signing Officer or Director — Date