2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State
04-05-2005 90055 041 ****61.25

DOCUMENT # N39823

1. Entity Name
FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOLS, INC.

Principal Place of Business	Mailing Address
5625 HOLY TRINITY DR. MELBOURNE, FL 32940 US	4200 BISCAYNE BLVD MIAMI, FL 33137 US

03312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
461 PLAZA DRIVE	461 PLAZA DRIVE
Suite, Apt. #, etc. SUITE C	Suite, Apt. #, etc. SUITE C
City & State DUNEDIN, FL	City & State DUNEDIN, FL
Zip 34698 Country PINELLAS	Zip 34698 Country PINELLAS

4. FEI Number 59-2348803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, CATHERINE
5625 HOLY TRINITY DR.
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name DAVID M. RAY
Street Address (P.O. Box Number is Not Acceptable)
461 PLAZA DRIVE, SUITE C
City DUNEDIN **FL** Zip Code 34698

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David M. Ray (TREASURER/DIRECTOR) 3/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURKE, HOWARD P O BOX 10009 N/A TALLAHASSEE, FL 32302	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASANOVA, ALICIA 12101 SW 34th ST. MIAMI, FL 33175 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLISS, SKARDON 1211 N WESTSHORE BLVD TAMPA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FORD, CATHERINE 5625 HOLY TRINITY DR. MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, CATHERINE 5625 HOLY TRINITY DR. MELBOURNE, FL 32940 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BLOOM, RAYMOND 4200 BISCAYNE BLVD MIAMI, FL 33137	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAY, DAVID 461 PLAZA DRIVE DUNEDIN, FL 34698 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEOUGH, LARRY 313 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRINK, MARK 7207 MONETARY DRIVE ORLANDO, FL 32809 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VICE~~ PD WACKES, KEN 2240 N. Cypress Bend Dr. #302 POMPANO BCH, FL 33069 — ☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David M. Ray DAVID M. RAY 3/31/05 727-734-7096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #