

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39823

FILED
Apr 23, 2008
Secretary of State

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

Current Principal Place of Business:

461 PLAZA DRIVE
SUITE C
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

461 PLAZA DRIVE
SUITE C
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 59-2348803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAY, DAVID M
461 PLAZA DRIVE, SUITE C
DUNEDIN, FL 34698 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: VPD () Delete
Name: CASANOVA, ALICIA
Address: 12101 SW 34TH STREET
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: BLISS, SKARDON,
Address: 1211 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL

Title: D (X) Delete
Name: FORD, CATHERINE
Address: 5625 HOLY TRINITY DR.
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: RAY, DAVID
Address: 461 PLAZA DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: BRINK, MARK
Address: 7207 MONETARY DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: PD () Delete
Name: WACKES, KEN
Address: P.O. BOX 1764
City-St-Zip: CRYSTAL RIVER, FL 33308

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
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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: DAVID M. RAY

TD

04/23/2008

Electronic Signature of Signing Officer or Director

Date