

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39823

FILED  
Mar 30, 2009  
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: 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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: LOGAN, TERI  
Address: 200 NW 109 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change ( ) Addition  
Name: BLISS, SKARDON,  
Address: 1211 N WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WACKES, KEN  
Address: P.O. BOX 1764  
City-St-Zip: CRYSTAL RIVER, FL 33308

Title: PD ( ) Change (X) Addition  
Name: BURKE, HOWARD  
Address: P.O. BOX 10009  
City-St-Zip: TALLAHASSEE, FL 32302

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

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date