2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# N39823

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
Name: LOGAN, TERI
Address: 200 NW 109 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: D
Name: BLISS, SKARDON
Address: 1211 N WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33607

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID M. RAY TD 03/30/2010

Electronic Signature of Signing Officer or Director Date