

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40287

FILED
Apr 20, 2005
Secretary of State

Entity Name: THE FLORIDA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION, DANCE AND DRIVER EDUCATION, INC.

Current Principal Place of Business:

4123 CREEKBLUFF DR.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

4123 CREEKBLUFF DR.
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-6141926 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SISCO, JAMES G
4123 CREEKBLUFF DR.
ST.AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

SISCO, JAMES G
1861 C R 13 SOUTH
ST.AUGUSTINE, FL 32092 US

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:

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTSM () Delete
Name: SISCO, CAROL P
Address: 4123 CREEKBLUFF DRIVE
City-St-Zip: ST.AUGUSTINE, FL 32086 US

Title: DPC () Delete
Name: YONGUE, WILLIAM DR.
Address: 12012 NW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D () Delete
Name: DAY, LADONNA P
Address: 5976 MOORS OAKS DRIVE
City-St-Zip: MILTON, FL 32583 US

Title: DVP () Delete
Name: NEWNAM, HOLLIE DR.
Address: 798 FOXHOUND DRIVE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPC (X) Change () Addition
Name: NEWNAM, HOLLIE DR.
Address: 798 FOXHOUND DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

Title: D (X) Change () Addition
Name: YONGUE, WILLIAM DR.
Address: 12012 NW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: DVP (X) Change () Addition
Name: KNITT, DON MR.
Address: 229 TERRANOVA BLVD
City-St-Zip: WINTER HAVEN, FL 33884 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL P. SISCO

MS.

04/20/2005

Electronic Signature of Signing Officer or Director

Date