


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N43782
 1. Entity Name
 FLORIDA COUNCIL OF INDEPENDENT SCHOOLS, INC.



Principal Place of Business 1211 N WESTSHORE BLVD., SUITE 612 TAMPA, FL 33607	Mailing Address 1211 N WESTSHORE BLVD., SUITE 612 TAMPA, FL 33607
---	---

DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0816894	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLISS, C. SKARDON
 1211 N WESTSHORE BLVD.
 SUITE 612
 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHMAN, RICHARD 8009 SW. 14 AVE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, BARBARA 2001 FLEISCHMAN ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, CATHERINE 5625 HOLY TRINITY DRIVE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000824701
 02/20/08-80089-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: C. Skardon Bliss **C. SKARDON BLISS** 2/6/08 813/287-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #