

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50467 (2)

1. Corporation Name

FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS FOUNDATION, INC.



Principal Place of Business

Mailing Address

206-B S MONROE ST
TALLAHASSEE FL 32303

206-B S MONROE ST
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

08/20/1992

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3137740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASSEDY, MARSHALL R
FIRST FLORIDA BANK BUILDING SUITE 600
215 S MONROE ST
TALLAHASSEE FL 32301

81 Name

DOUGLAS W. CRAWFORD

82 Street Address (P.O. Box Number is Not Acceptable)

206-B S. MONROE ST

83

84 City

TALLAHASSEE

FL

85 Zip Code

32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE

(Signature of registered agent or previous name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CRAWFORD, DR. D W.
STREET ADDRESS 206-B S MONROE ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ DELETE

NAME VP
STREET ADDRESS DEPRIEST, CRAIG
CITY-ST-ZIP 800 NE 137TH ST
NORTH MIAMI FL

TITLE ☒ DELETE

NAME P
STREET ADDRESS POPPELL, RONEL
CITY-ST-ZIP 1700 OLD MIDDLEBURG RD
JACKSONVILLE FL

TITLE ☐ DELETE

NAME WINDHAM, EMMETT
STREET ADDRESS 501 4TH ST
CITY-ST-ZIP CRESTVIEW FL

TITLE ☒ DELETE

NAME SHIRLEY, RICHARD
STREET ADDRESS 300 S MARKET BLVD
CITY-ST-ZIP WEBSTER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☒ Addition

12 NAME THOMAS CERRA
13 STREET ADDRESS 1450 NE 22 AVE
14 CITY-ST-ZIP MIAMI, FL 33152

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

1/21/96

9042243626

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