## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

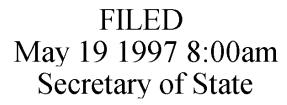
1997

DOCUMENT # N50467

1. Corporation Name

(2)

FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS FOUNDATION, INC.





Principal Place of Business Mailing Address				I TREATHER THE SULL BELLE BOUND STATE BOOK BOOK BOOK BIGHT SIGHT SUBLESTED STATES					
206-B S MONROE ST TALLAHASSEE FL 32303 TALLAHASSEE FL 32301									
						3. Date Incorporated or Qualified 08/20/1992	3a. Date of La 03/08/		
2. Principal   21	Place of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number 59-3137740	Applied For Not Applicable		
Suite, Apt	t. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Bequired	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	C	ountry		8. This corporation has liability for i	ntangible tax und	er s. 199.032,	
24	25	29	30				Yes No		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered Agent		
I				81 N	Name				
CRAWFORD, DOUGLAS W 206-B S.MONROE ST				82 5	Street Addres	dress (P.O. Box Number is Not Acceptable)			
	ASSEE FL 32301			83					
				B4 (	City		FL 85	Zip Code	
office or agent. I SIGNATURE						ation submits this statement for the p n's board of directors. I hereby accep		ng its registered	
12.		ND DIRECTORS	(NOTE: Registe		ignature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND DIRECT	TORS IN 12	
TITLE	D	DE DE		TITLE		7.55.7.07.07.07.07.07.07.07.07.07.07.07.07.0	Char		
NAME	CRAWFORD, D.W. DR	<del></del>	•	NAME	Ì			-	
STREET ADDRESS	*** * * * * * * * * * * * * * * * * * *		1.3	STREET ADI	DRESS				
CITY-ST-ZIP	TALLAHASSEE FL		1,4	CITY-ST-Z	np				
TITLE	D	☐ DE		TITLE			☐ Char	nge Addition	
NAME	WINDHAM, EMMETT		2.2	NAME					
STREET ADDRESS	501 4TH ST		2.3	STREET AD	DRESS				
CHTY-ST-ZIP	CRESTVIEW FL			CITY-ST-	ZIP				
TITLE	D	☐ DE	LETE 3.1	TITLE			Char	ige Addition	
NAME	CERRA, THOMAS			NAME	İ				
STREET ADDRESS	1 1100 112 2110 111		1	STREET AD					
CITY-ST-ZIP	MIAMI FL 33152	□ DE		CITY-ST-	ZIP		☐ Char	nge	
FITLE NAME		L UE	1	TITLE NAME	1		LJ VIIdi	ישעי ביי ישני	
STREET ADDRESS				: name Street adi	nesso				
CITY - ST - ZIP	']			CITY-ST-Z					
TITLE		☐ DE		TITLE	<del></del>		☐ Chai	nge	
NAME				NAME	- 1				
STREET ADDRESS			5.3	STREET AD	DRESS				
CITY-ST-ZIP				CITY-ST-Z					
TITLE		DE		TITLE			Cha	nge Addition	
NAME			6.2	name	1				
STREET ADORESS	:l		6.3	STREET AD	DRESS				
			-						

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on 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

INATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone # 0007258