

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50467

FILED
Jan 27, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SCHOOL ADMINISTRATORS FOUNDATION, INC.

Current Principal Place of Business:

326 WILLIAMS ST.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

326 WILLIAMS ST.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3137740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARFORD, JIM
326 WILLIAMS ST.
TALLAHASSEE, FL 32303 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: P () Delete
Name: GIBLIN, FRAN
Address: 11821 GLADES RD.
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: MOSS, CHRISTI
Address: UNIVERSITY CENTER C-4627
City-St-Zip: TALLAHASSEE, FL 32306

Title: D () Delete
Name: HALL, RUTH
Address: P.O. BOX 16302
City-St-Zip: TAMPA, FL 33687

Title: D () Delete
Name: HERBST, JOEL
Address: 1619 NE 4TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: M () Delete
Name: ARNOLD, PATRICIA
Address: 326 WILLIAMS ST.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA ARNOLD

M

01/27/2009

Electronic Signature of Signing Officer or Director

Date