

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50467

**FILED**  
**Apr 21, 2011**  
**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:**

MIXON, JUHAN  
326 WILLIAMS ST.  
TALLAHASSEE, FL 32303 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: JUHAN MIXON

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WRIGHT, MARIE  
Address: 1600 NE 4TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33365

Title: D  
Name: PERSIS, SUSAN  
Address: 300 AIRPORT RD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: ELLSPERMANN, JAYNE  
Address: 3733 SW 80TH AVE  
City-St-Zip: OCALA, FL 34481

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

I hereby 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 all other like empowered.

SIGNATURE: JUHAN MIXON

ED

04/21/2011

Electronic Signature of Signing Officer or Director

Date