2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000001031

1. Entity Name
FLORIDA DECA ASSOCIATION & FOUNDATION, INC.

Principal Place of Business	Mailing Address
632 BONIVIEW LANE ALTAMONTE SPRINGS, FL 32714	632 BONIVIEW LANE ALTAMONTE SPRINGS, FL 32714

01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7079474
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, THOMAS
1007 S. WASHINGTON
TITUSVILLE, FL 32780

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KING, JIM
STREET ADDRESS	P.O. BOX 735
CITY-ST-ZIP	MIMS, FL 32754
TITLE	TSD
NAME	LEVENHAGEN, LYNORE
STREET ADDRESS	865 S. COUNTY RD. 427
CITY-ST-ZIP	LONGWOOD, FL
TITLE	CD
NAME	MIZELL, ARLEN
STREET ADDRESS	555 W. MARTIN ST.
CITY-ST-ZIP	APOPKA, FL
TITLE	D
NAME	HOLT, JERRY
STREET ADDRESS	1300 PALADIN WAY
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80034-007 70.00

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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.

407-320-2275

SIGNATURE: Lynore Levenhagen Lynore Levenhagen Secretary-Treasurer 1-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #