

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000283

FILED
Apr 05, 2009
Secretary of State

Entity Name: FLORIDA TECHNOLOGY STUDENTS ASSOCIATION AND FOUNDATION, INC.

Current Principal Place of Business:

5637 GULF STREAM STREET
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 133
HOWEY-IN-THE-HILLS, FL 34737 US

New Mailing Address:

FEI Number: 65-0507119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINER, HAROLD D MR.
5637 GULF STREAM STREET
TAVARES, FL 32778 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: ED () Delete
Name: MINER, HAROLD D MR.
Address: 5637 GULF STREAM STREET
City-St-Zip: TAVARES, FL 32778 US

Title: CB () Delete
Name: SCHOLZ, TOM MR.
Address: 3201 BIRD SONG COURT
City-St-Zip: MELBOURNE, FL 32934 US

Title: CFO () Delete
Name: SMITH, BILL MR.
Address: 7205NW 84TH STREET
City-St-Zip: TAMARAC, FL 33321 US

Title: SEC () Delete
Name: KEVIN, SANDRIDGE MR.
Address: 225 S 22 STREET
City-St-Zip: HAINES CITY, FL 33844 US

Title: M () Delete
Name: BROIDO, JENNIFERANNE MS.
Address: 11116 NW 35 STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: M () Delete
Name: BURLEW, GIL MR.
Address: 2117 55 AVENUE DR. E
City-St-Zip: BRADENTON, FL 34203 US

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
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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: HAROLD MINER

ED

04/05/2009

Electronic Signature of Signing Officer or Director

Date