

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000002273

1. Entity Name
**FLORIDA REAL ESTATE EDUCATORS ASSOCIATION,
INC.**



Principal Place of Business
**5531 9 STREET NORTH
ST. PETERSBURG, FL 33703**

Mailing Address
**5531 9 STREET NORTH
ST. PETERSBURG, FL 33703**



02272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3275858

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOGUE, ROBERT L
5531 9 STREET NORTH
ST. PETERSBURG, FL 33703**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

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

000000110663
04/12/04-80092-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREON, JOHN 4180 NW 53RD COURT COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRAWFORD, LINDA 3732 NW 55TH PL GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALTERS, LORI P.O BOX 1207 APOPKA, FL 32704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRYER, DICK P.O BOX 2642 WINTER PARK, FL 32790
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREER, JOHN 4180 NW 53RD COURT COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRAWFORD, LINDA 3732 NW 55TH PL GAINESVILLE, FL 32653

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IN THIS SPACE**

12. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #