

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002636

FILED
Jan 05, 2005
Secretary of State

Entity Name: FLORIDA TECHNOLOGY EDUCATION ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 5866
TALLAHASSEE, FL 32314 US

New Principal Place of Business:

PO BOX 550734
FT. LAUDERDALE, FL 33355 US

Current Mailing Address:

PO BOX 5866
TALLAHASSEE, FL 32314 US

New Mailing Address:

PO BOX 550734
FT. LAUDERDALE, FL 33355 US

FEI Number: 65-0527676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMMUNNI, STEVEN A
150 S MAIN STREET
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

MORROW, MELLISSA A
4115 NORTH MISSION ROAD
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: MELLISSA MORROW

01/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ROZMAN, JACKI
Address: 3619 EAST RENELLIE CIRCLE
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: GEORGES-STALEY, INGRID
Address: 1950 US HWY 41 NORTH
City-St-Zip: INVERNESS, FL 34446

Title: TD () Delete
Name: CUMMINGS, TOM
Address: 1751 SW 110 TERRACE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HUBBLE, DAVID
Address: 3215 NUNDY ROAD
City-St-Zip: TAMPA, FL 33618

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 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 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: TOM CUMMINGS

TD

01/05/2005

Electronic Signature of Signing Officer or Director

Date