2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# N95000002061

Entity Name: FLORIDA COUNCIL OF PRIVATE SCHOOLS, INC.

Current Principal Place of Business:

7212 SANDCOVE CT
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

PO BOX 182048
CASSELBERRY, FL 32718 US

New Mailing Address:

FEI Number: 59-3322138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, WILLIAM R
866 MOONLIT LANE
CASSELBERRY, FL 32707 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:	TD	( ) Delete
Name:	MILLER, WILLIAM R	
Address:	866 MOONLIT LANE	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	D	( ) Delete
Name:	CLOUD, KENNETH	
Address:	2387 HWY 93 SOUTH	
City-St-Zip:	CAIRO, GA 31728	
Title:	SD	( ) Delete
Name:	CALVERT, BOB	
Address:	4461 RIVER GROVE LANE	
City-St-Zip:	FT. MYERS, FL 33905	
Title:	PD	( ) Delete
Name:	HINSON, CHARLIE G	
Address:	BOX 878 OLD BETHEL ROAD	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	VD	( ) Delete
Name:	PARTRIDGE, BOB	
Address:	235 WEST 69 STREET	
City-St-Zip:	HIALEAH, FL 33012	
Title:	D	( ) Delete
Name:	KEITH, BILL	
Address:	P.O. BOX 17	
City-St-Zip:	OTTER CREEK, FL 32683	

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
Name:	
Address:	
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 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: WILLIAM R. MILLER TD 01/19/2006

Electronic Signature of Signing Officer or Director — Date