

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90422 001 ****61.25

DOCUMENT # N95000002176

1. Entity Name
**FLORIDA ASSOCIATION FOR COMPUTERS IN
EDUCATION, INC.**



Principal Place of Business
**15133 SUGAR GROVE WAY
ORLANDO, FL 32828**

Mailing Address
**7705 CAMINO REAL
B217
MIAMI, FL 33143**

40089750



2. Principal Place of Business - No P.O. Box #
301 4 St. SW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Zip
33770

Country
US

Zip

Country

02232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3298325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAMENTZ, DIANE
7705 CAMINO REAL
B217
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Diane Kamentz **Diane Kamentz Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **CONNELLY, LISA**
STREET ADDRESS **15133 SUGAR GROVE WAY**
CITY - ST - ZIP **ORLANDO, FL 32828**

TITLE **PE** ☒ Delete
NAME **LUTHER, PAULINE**
STREET ADDRESS **301 4 ST SW**
CITY - ST - ZIP **LARGO, FL 33770**

TITLE **S** ☒ Delete
NAME **MCGEE, FLORENCE**
STREET ADDRESS **16208 CHASTAIN RD**
CITY - ST - ZIP **ODESSA, FL 34698**

TITLE **T** ☐ Delete
NAME **KAMENTZ, DIANE**
STREET ADDRESS **7705 CAMINO REAL**
CITY - ST - ZIP **MIAMI, FL 33143**

TITLE **D** ☐ Delete
NAME **CHOATE, ANGELA**
STREET ADDRESS **551 SW 178 WAY**
CITY - ST - ZIP **PEMBROKE PINES, FL 33029**

TITLE **D** ☐ Delete
NAME **OATES, RITA**
STREET ADDRESS **601 SAN LORENZO AVE**
CITY - ST - ZIP **CORAL GABLES, FL 33143**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Luther, Pauline**
STREET ADDRESS **301 4 St. SW**
CITY - ST - ZIP **Largo, FL 33770**

TITLE **PE** ☒ Change ☐ Addition
NAME **McGee, Florence**
STREET ADDRESS **16208 Chastain Rd.**
CITY - ST - ZIP **Odessa, FL 34698**

TITLE **S** ☒ Change ☐ Addition
NAME **Holden, Dianna**
STREET ADDRESS **63 Crane Dr.**
CITY - ST - ZIP **Safety Harbor, FL 34695**

TITLE **Past-P** ☒ Change ☐ Addition
NAME **Connolly, Lisa**
STREET ADDRESS **15133 Sugar Grove Way**
CITY - ST - ZIP **Orlando, FL 32828**

TITLE **D** ☐ Change ☒ Addition
NAME **Jennings, Norma**
STREET ADDRESS **1505 W. Atwood Drive**
CITY - ST - ZIP **Pensacola, FL 32514**

TITLE **D** ☐ Change ☒ Addition
NAME **Stroman, Glen**
STREET ADDRESS **4815 Wesconnett Blvd.**
CITY - ST - ZIP **Jacksonville, FL 32210**

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.

SIGNATURE:

Diane Kamentz **Diane Kamentz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07
Date

3059957618
Daytime Phone #

ATTACHMENT 40089750
~~#N9500002176~~

Florida Association for Computers in Education
 Additional Officers

	10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
Titles	Name of Officers and/or Directors		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donna Read 790 N W 6th Ave Boca Raton, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Po Dickison 832 Laurelcresc Dr. Orlando, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Reece 4911 Tyler St Hollywood, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradley Underhill 15661 Younis Road West Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past-P Lynn Jones <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patty LeBlanc 4622 Alpine Dr. Lakeland, FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition