2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# N95000002176

Entity Name: FLORIDA ASSOCIATION FOR COMPUTERS IN EDUCATION, INC.

Current Principal Place of Business:

15133 SUGAR GROVE WAY
ORLANDO, FL 32828

New Principal Place of Business:

16208 CHASTAIN RD
ODESSA, FL 34698

Current Mailing Address:

7705 CAMINO REAL
B217
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-3298325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KAMENTZ, DIANE
7705 CAMINO REAL
B217
MIAMI, FL 33143 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:	PP	( ) Delete
Name:	LUTHER, PAULINE	
Address:	301 4 ST SW	
City-St-Zip:	LARGO, FL 33770	
Title:	P	( ) Delete
Name:	MCGHEE, FLORENCE	
Address:	16208 CHASTAIN RD	
City-St-Zip:	ODESSA, FL 34698	
Title:	PE	( ) Delete
Name:	JENNINGS, NORMA	
Address:	30 E. TEXAN DRIVE	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	T	( ) Delete
Name:	KAMENTZ, DIANE	
Address:	7705 CAMINO REAL	
City-St-Zip:	MIAMI, FL 33143	
Title:	D	( ) Delete
Name:	CHOATE, ANGELA	
Address:	551 SW 178 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	D	( ) Delete
Name:	OATES, RITA	
Address:	601 SAN LORENZO AVE	
City-St-Zip:	CORAL GABLES, FL 33143	

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:	S	(X) Change ( ) Addition
Name:	HOLDEN, DIANNA	
Address:	63 CRANE DR.	
City-St-Zip:	SAFETY HARBOR, FL 34695	
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: DIANE KAMENTZ TREA 08/31/2009

Electronic Signature of Signing Officer or Director — Date