

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001224

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90140 007 ****70.00

Entity Name
THE FLORIDA STATE TEACHERS REUNION ASSOCIATION, INC.



Principal Place of Business
**3044 N.W. 49TH STREET
 MIAMI FL 33142**

Mailing Address
**3044 N.W. 49TH STREET
 MIAMI FL 33142**

14061344



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DAY, MARTHA C 3044 N.W. 49TH STREET MIAMI FL 33142				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				Zip Code			

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 _____		(NOTE: Registered Agent signature required when re-registering)		DATE _____	
FILE NOW: FEE \$ 125		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	DELETE	TITLE	NAME	CHANGE / ADDITION
	REAVES, JENNIE F	<input type="checkbox"/>			
STREET ADDRESS	2315 N.W. 49TH STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33142		CITY-STATE-ZIP		
TITLE	NAME	DELETE	TITLE	NAME	CHANGE / ADDITION
	DAY, MARTHA C	<input type="checkbox"/>			
STREET ADDRESS	3044 N.W. 49TH STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33142		CITY-STATE-ZIP		
TITLE	NAME	DELETE	TITLE	NAME	CHANGE / ADDITION
	GRAHAM, DOROTHY	<input type="checkbox"/>			
STREET ADDRESS	1960 N.W. 56TH STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33142		CITY-STATE-ZIP		
TITLE	NAME	DELETE	TITLE	NAME	CHANGE / ADDITION
	DAWKINS, NANCY	<input type="checkbox"/>			
STREET ADDRESS	1385 N.W. 50TH STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL		CITY-STATE-ZIP		
TITLE	NAME	DELETE	TITLE	NAME	CHANGE / ADDITION
		<input type="checkbox"/>			
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	DELETE	TITLE	NAME	CHANGE / ADDITION
		<input type="checkbox"/>			
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

2. 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: *Martha C. Day*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2004 - *305-633-1965*
 Date Daytime Phone #