

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000001354			
1. Corporation Name ASSOCIATION OF SCHOOL-BASED ADMINISTRATORS, INC.			
Principal Place of Business 6000 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813		Mailing Address 6000 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813	



2. Principal Place of Business 21 110 LEECLON ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 SAME AS #21 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/11/1997
22 City & State LAKELAND FL	27 City & State SAME AS #23	4. FEI Number 59-3431783 Applied For ☐ Not Applicable
23 Zip 33809 Country FL	28 Zip SAME AS #24 Country SAME AS #25	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
24 33809 25 FL	29 SAME AS #24 30 SAME AS #25	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent LAUER, DAVID F 6000 LAKELAND HIGHLANDS ROAD LAKELAND FL 33813		10. Name and Address of New Registered Agent 81 Name HELENE DAIGNEAULT 82 Street Address (P.O. Box Number is Not Acceptable) 110 LEECLON ROAD 83 84 City LAKELAND FL 85 Zip Code 33809	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Helene Daigneault Helene Daigneault, President 1-25-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when filing this statement.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	LAUER, DAVID F	1.2 NAME	HELENE DAIGNEAULT
STREET ADDRESS	6000 LAKELAND HIGHLANDS ROAD	1.3 STREET ADDRESS	110 LEECLON ROAD
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	LAKELAND FL 33809
TITLE	D	2.1 TITLE	D
NAME	NICKELL, SHERRIE DR	2.2 NAME	WILLIAM THOMAS
STREET ADDRESS	2650 SOUTHWEST AVENUE	2.3 STREET ADDRESS	6901 N. SDCRUM LOOP ROAD
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	LAKELAND FL 33809
TITLE	D	3.1 TITLE	D
NAME	WOODS, BECKY	3.2 NAME	PATRICIA BARNES
STREET ADDRESS	1270 SOUTH BROADWAY	3.3 STREET ADDRESS	NORTHEAST FOURTH CIRCLE
CITY-ST-ZIP	BARTOW FL 33830	3.4 CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D	4.1 TITLE	D
NAME	FARINAS, JOSE	4.2 NAME	Sharon Neuman
STREET ADDRESS	6000 LAKELAND HIGHLANDS ROAD	4.3 STREET ADDRESS	400 N. Florida Ave.
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D	5.1 TITLE	
NAME	WILLIAMS, HARRY	5.2 NAME	
STREET ADDRESS	550 EAST CLOWER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helene Daigneault 1-25-99 941-853-6044
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/199)