


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001354**

1. Entity Name  
**ASSOCIATION OF SCHOOL-BASED ADMINISTRATORS,  
INC.**



Principal Place of Business      Mailing Address

**400 AVE A. S.E.  
WINTER HAVEN, FL 33880**      **400 AVE A. S.E.  
WINTER HAVEN, FL 33880**

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
**59-3431783**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, GAYE  
4255 CREEKWOOD LANE  
MULBERRY, FL 33860**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP ERNEST, JOE 1 BLOODHOUND TRAIL AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, PATRICIA NE 4TH CIRCLE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, LINDA 2910 E. LAKE HARTRIDGE DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/05-80101-012 61.25

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12. 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:** *Linda Williams*      *Linda Williams*      *1/19/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #