2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001354

FILED Oct 16, 2006 Secretary of State

Entity Name: ASSOCIATION OF SCHOOL-BASED ADMINISTRATORS, INC.

Current Principal Place of Business: New Principal Place of Business:

 400 AVE A. S.E
 2727 SHEPHERD ROAD

 WINTER HAVEN, FL 33880
 LAKELAND, FL 33811

Current Mailing Address: New Mailing Address:

400 AVE A. S.E 2727 SHEPHERD ROAD WINTER HAVEN, FL 33880 LAKELAND, FL 33811

FEI Number: 59-3431783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTIN, GAYE
4255 CREEKWOOD LANE
2815 EDEN PKWY
MULBERRY, FL 33860 US
LAKELAND, FL 33803 US

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: JOHN WILSON 10/16/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP () Delete Title: PP (X) Change () Addition Name: ERNEST, JOE Name: MARTIN, GAY

Name: MARTIN, GAY
Address: 1 BLOODHOUND TRAIL Address: 4255 CREEKWOOD LANE
City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: MULBERRY, FL 33860

Title: D () Delete Title: () Change () Addition

 Name:
 BARNES, PATRICIA
 Name:

 Address:
 NE 4TH CIRCLE
 Address:

 City-St-Zip:
 MULBERRY, FL 33860
 City-St-Zip:

 Name:
 WILLIAMS, LÍNDA
 Name:
 SWINDLER, CÔREY

 Address:
 2910 E. LAKE HARTRIDGE DR
 Address:
 2727 SHEPHERD ROAD

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the 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: COREY L. SWINDLER T 10/16/2006