



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -3 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001354 1. Entity Name ASSOCIATION OF SCHOOL-BASED ADMINISTRATORS, INC.			
Principal Place of Business 2727 SHEPHERD ROAD LAKELAND, FL 33811		Mailing Address 2727 SHEPHERD ROAD LAKELAND, FL 33811	
2. Principal Place of Business - P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 105 Lake Gibson Lane Suite, Apt. #, etc. Lakeland FL	
City & State Zip		City & State 33809 USA Zip	
			
		REINSTATEMENT 2008	
4. FEI Number 59-3431783		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, JOHN 2815 EDEN PKWY LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name Debbie Henderson Street Address (P.O. Box Number is Not Acceptable) 416 Ariana Street Lakeland FL City Lakeland FL Zip Code 33803	
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 Debbie Henderson <small>Signature, typed or printed name of registered agent and title if applicable</small>		Debbie Henderson 10/28/08 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MARTIN, GAY <input checked="" type="checkbox"/> Delete 4255 CREEKWOOD LANE MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wendy Winchester (Sec) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 105 Lake Gibson Lane Lakeland FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, PATRICIA <input type="checkbox"/> Delete NE 4TH CIRCLE MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Mike Butler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1270 S. Broadway Ave. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWINDLER, COREY <input checked="" type="checkbox"/> Delete 2727 SHEPHERD ROAD LAKELAND, FL 33811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Debbie Henderson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 416 Ariana Street Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900137568889 11/03/08--01047--002 **\$236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Debbie Henderson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Debbie Henderson Treasurer 10-28-08 <small>Date Daytime Phone #</small>	

863 491 280