

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001354

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

2727 SHEPHERD ROAD
LAKELAND, FL 33811

New Principal Place of Business:

416 ARIANA STREET
LAKELAND, FL 33803

Current Mailing Address:

105 LAKE GIBSON LANE
LAKELAND, FL 33809

New Mailing Address:

416 ARIANA STREET
LAKELAND, FL 33803

FEI Number: 59-3431783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, DEBBIE
416 ARIANA STREET
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WINCHESTER, WENDY
Address: 105 LAKE GIBSON LANE
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: BARNES, PATRICIA
Address: NE 4TH CIRCLE
City-St-Zip: MULBERRY, FL 33860

Title: P () Delete
Name: BUTLER, MIKE
Address: 1270 S. BROADWAY AVE.
City-St-Zip: BARTOW, FL 33830

Title: T () Delete
Name: HENDERSON, DEBBIE
Address: 416 ARIANA STREET
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBBIE HENDERSON

TREA

01/15/2009

Electronic Signature of Signing Officer or Director

Date