

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003293

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION OF EDUCATIONAL OPPORTUNITY PROGRAM PERSONNEL, INC.

**Current Principal Place of Business:**

3209 VIRGINIA AVENUE  
FORT PIERCE, FL 34981 US

**New Principal Place of Business:**

INDIAN RIVER STATE COLLEGE  
3209 VIRGINIA AVENUE  
FORT PIERCE, FL 34981 US

**Current Mailing Address:**

3209 VIRGINIA AVENUE  
FORT PIERCE, FL 34981 US

**New Mailing Address:**

**FEI Number:** 59-3528038      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BENNETT, DENISE D  
795 9TH AVENUE SW  
VERO BEACH, FL 32962 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: PPD  
Name: BENNETT, DENISE D  
Address: 795 9TH AVENUE SW  
City-St-Zip: VERO BEACH, FL 32962 US

Title: VP  
Name: FELIX, JOVANY  
Address: A5400 UNIVERSITY CENTER  
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: TRES  
Name: MCCLOUD, REBEKAH  
Address: PHILLIPS HALL 208E  
City-St-Zip: ORLANDO, FL 32816 US

Title: SECT  
Name: BRADY, CYNTHIA  
Address: 39 COLUMBIA DRIVE  
City-St-Zip: TAMPA, FL 33606

Title: IMPP  
Name: PETERS, GLORI W  
Address: 7626 CALVIN ST  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: DENISE D BENNETT

PPD

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date