2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

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

Current Principal Place of Business:

1045 NORTH ST
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 620448
OVIEDO, FL 327620448 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MCCLOUD, REBEKAH DR
1045 NORTH ST
LONGWOOD, FL 32750 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: PD
Name: HAYNES, BERTRAND G DR.
Address: 1900 CENTRE PINTE BLVD. APT. 45
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP
Name: MCCLOUD, REBEKAH DR.
Address: 1045 NORTH STREET
City-St-Zip: LONGWOOD, FL 32750 US

Title: T
Name: WILLIAMS, VAN P
Address: PO BOX 222014
City-St-Zip: WEST PALM BEACH, FL 33605 US

Title: S
Name: REDDICK, SIMONE
Address: 3117 E. 18TH AVE.
City-St-Zip: TAMPA, FL 33605

Title: D
Name: SMITH, DENISE
Address: 2507 STOCKBRIDGE SQ SW
City-St-Zip: VERO BEACH, FL 32962

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: DR. BERTRAND G. HAYNES PRES 04/25/2011

Electronic Signature of Signing Officer or Director Date