

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004882

**Entity Name:** FLORIDA COUNCIL OF ADMINISTRATORS OF SPECIAL EDUCATION, INC..**FILED**  
**Feb 14, 2019**  
**Secretary of State**  
**1162111592CC****Current Principal Place of Business:**3130 EDGEWATER DRIVE  
ORLANDO, FL 32804**Current Mailing Address:**3130 EDGEWATER DRIVE  
ORLANDO, FL 32804 US**FEI Number: 47-4512105****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHAMBERS-COLLINS, SANDRA J  
6056 RALEIGH STREET  
2604  
ORLANDO, FL 32835 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: SANDRA J CHAMBERS-COLLINS****02/14/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** TILLMAN, POINSETTA  
**Address** 1860 E. GIBBONS ST  
**City-State-Zip:** BARTOW FL 33830**Title** TREASURER  
**Name** CHAMBERS-COLLINS , SANDRA J  
**Address** 6056 RALEIGH STREET #2604  
**City-State-Zip:** ORLANDO FL 32835**Title** PRESIDENT ELECT  
**Name** HALL, ROSALIND  
**Address** 350 SCHOOL STREET  
**City-State-Zip:** BRONSON FL 32621**Title** SECRETARY  
**Name** SACHEL-CARTER , FRAENDA  
**Address** 1785 EAST WABASH STREET  
**City-State-Zip:** BARTOW FL 33830**Title** MEMBERSHIP CHAIR  
**Name** GIACOLONE , DEBORAH  
**Address** 1960 LANDINGS BLVD  
**City-State-Zip:** SARASOTA FL 34231**Title** MEMBER AT LARGE  
**Name** GREEN , MICHAEL  
**Address** 290 JONATHAN STREET EAST  
**City-State-Zip:** MCCLENNY FL 32063**Title** LEGISLATIVE AND POLICY CHAIR  
**Name** BARBARA , JOHNS  
**Address** 501 W WASHINGTON STREET  
**City-State-Zip:** STARKE FL 32091**Title** MEMBER AT LARGE  
**Name** MORTIMER, ANTHONY  
**Address** 9920 REGENCY SQUARE BLVD  
**City-State-Zip:** JACKSONVILLE FL 33830**Continues on page 2**

*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: SANDRA CHAMBERS-COLLINS****TREASURER****02/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PAST PRESIDENT  
Name DOFKA, CATHY  
Address 24176 MONDON HILL ROAD  
City-State-Zip: BROOKSVILLE FL 34601

Title PROFESSIONAL DEVELOPMENT  
CHAIR  
Name FIGERADO-ALBERTS , SONIA  
Address 1960 LANDINGS BLVD  
City-State-Zip: SARASOTA FL 34231