

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90018 038 ****70.00

DOCUMENT # 704778

1. Entity Name

FLORIDA ASSOCIATION OF CHILD & FAMILY AGENCIES I

Principal Place of Business

Mailing Address

108 S MONROE ST
 SUITE 201
 TALLAHASSEE FL 32301

108 S MONROE ST
 SUITE 201
 TALLAHASSEE FL 32301-1584

2. Principal Place of Business

313 N. Monroe St # 2

3. Mailing Address

313 N Monroe St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2

2

City & State
Tallahassee FL

City & State
Tallahassee, FL.

4. FEI Number

59-6152174

Applied For

Not Applicable

Zip

Country

Zip

Country

32301

USA

32301

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00030763



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MOORE, SUSAN A~~
~~2722 WALER FORD GLEN CT - error~~
~~TALLAHASSEE FL 32211~~

Name
Susan A. Moore

Street Address (P.O. Box Number is Not Acceptable)
2722 Waterford Glen Ct.

City
Tallahassee

FL

Zip Code
32312

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.

SIGNATURE *Susan A. Moore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/2000

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARMICHEL, ALEX	
STREET ADDRESS	51 MAIN ST	
CITY-ST-ZIP	ENTERPRISE FL 32725	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVENPORT, MARY ANN	
STREET ADDRESS	8125 LAUREL HILL RD.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BRIEN, KIM	
STREET ADDRESS	8125 LAUREL HILL RD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BRUSZER, MARGIE	
STREET ADDRESS	1015 SIKES BLVD	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MANNING, TOM	
STREET ADDRESS	RT. 1 BOX 100	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelley Katz	
STREET ADDRESS	605 NE 1st; Ste H	
CITY-ST-ZIP	Gainesville, FL. 32601	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margie Bruszer	
STREET ADDRESS	3681 NW 59 Place	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ann Davenport	
STREET ADDRESS	8125 Laurel Hill Rd	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000

Date

850/561-1102

Daytime Phone #

CR2E037 (9/99)