

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91725 046 ****61.25

DOCUMENT # N00080

1. Entity Name

FLORIDA ASSOCIATION OF VOLUNTEER CENTERS, INC.

Principal Place of Business

Mailing Address

~~50 KINDRED STREET~~ **4049 WOODCOCK DR.**
~~#207~~ **#100**
~~STUART FL 34994~~ **JACKSONVILLE, FL**
~~US~~ **US**

~~P.O. BOX 362~~ **4049 WOODCOCK DR #100**
~~STUART FL 34994~~ **JACKSONVILLE, FL**
~~US~~ **32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4049 WOODCOCK DR.

4049 WOODCOCK DR.

~~Suite~~ Apt. #, etc.

~~Suite~~ Apt. #, etc.

100

100

City & State

City & State

JACKSONVILLE

JACKSONVILLE FL

4. FEI Number

59-2305200

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

FLORIDA

~~32207~~ **32207**

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HODNETT, CAROL~~ **JUDITH A. M. SMITH**
~~50 KINDRED STREET~~ **4049 WOODCOCK DR., STE 100**
~~STE 207~~
~~STUART FL 34994~~ **JACKSONVILLE, FL**

Name

JUDITH A. M. SMITH

Street Address (P.O. Box Number is Not Acceptable)

4049 WOODCOCK DR., #100

City

JACKSONVILLE

FL

Zip Code

32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/09/02

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 **TD** ☒ Delete
NAME **HODNETT, CAROL**
STREET ADDRESS **50 KINDRED ST #207**
CITY-ST-ZIP **STUART FL 34994**

TITLE **TDS** ☐ Change ☒ Addition
NAME **SMITH, JUDITH A. M.**
STREET ADDRESS **4049 WOODCOCK DR., #100**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **PD** ☒ Delete
NAME **LA ROZA, ADRIANE**
STREET ADDRESS **1701 14TH ST, STE 2**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **PD** ☒ Change ☐ Addition
NAME **THOMPSON, JOHN**
STREET ADDRESS **2815 NW 13TH, STE 302**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **VD** ☒ Delete
NAME **THOMPSON, JOHN**
STREET ADDRESS **2815 N.W. 13TH, SUITE 302**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **VD** ☒ Change ☐ Addition
NAME **HODNETT, CAROL**
STREET ADDRESS **50 KINDRED ST, #207**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

05/09/02 (904) 398-7777

Date

Daytime Phone #

CR2E037 (9/01)