



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00080 1. Entity Name FLORIDA ASSOCIATION OF VOLUNTEER CENTERS, INC.			FILED 06 JUN 19 AM 11:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 																							
Principal Place of Business 6817 SOUTHPOINT PKWY STE. 1902 JACKSONVILLE, FL 32216 US		Mailing Address 6817 SOUTHPOINT PKWY STE. 1902 JACKSONVILLE, FL 32216 US																								
2. Principal Place of Business 918 Railroad Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																								
City & State Tallahassee, FL Zip 32310		City & State Country Leon																								
4. FEI Number 59-2305200		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent SMITH, JUDITH 6817 SOUTHPOINT PKWY STE. 1902 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Pat Shields / SCVP Street Address (P.O. Box Number is Not Acceptable) 100 Weldon Blvd City Sanford FL Zip Code 32773																								
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Pat Shields vice President DATE 6/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>																										
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
Make check payable to Florida Department of State																										
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Pat Shields Pat Shields DATE 6/13/06 DAYTIME PHONE 407 323444X3 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										