

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90090 039 \*\*\*\*61.25

**DOCUMENT # N00080**

1. Entity Name

**FLORIDA ASSOCIATION OF VOLUNTEER CENTERS, INC.**



Principal Place of Business

**4049 WOODCOCK DR.  
STE. 100  
JACKSONVILLE FL 32207  
US**

Mailing Address

**4049 WOODCOCK DR.  
STE. 100  
JACKSONVILLE FL 32207  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2305200**

Applied For

Not Applicable

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

**SMITH, JUDITH  
4049 WOODCOCK DR. ST. 100  
JACKSONVILLE FL 32207**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **HODNET, CAROL**  
CITY-ST-ZIP **50-KINDRED STREET-# -207**  
**STUART, FLORIDA 34994**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TD**  
STREET ADDRESS **ROHER, MERYL**  
CITY-ST-ZIP **3600 EVANS AVENUE**  
**FT. MYERS, FLORIDA 33901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **SD**  
STREET ADDRESS **LAROZA, ADRAINE**  
CITY-ST-ZIP **5131 MANATEE AVENUE WEST**  
**BRADENTON, FLORIDA 34209**

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**

**04/03/07 (904) 398-7777**

CR2E037 (10/02)