2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State
09-04-2007 90040 011 ****61.25

DOCUMENT # N94000005715

1. Entity Name
FLORIDA ASSOCIATION OF SUPPORT COORDINATORS, INC.

Principal Place of Business	Mailing Address
C/O ADVOCATES FOR OPPORTUNITY, INC. 1333 S. UNIVERSITY DRIVE, SUITE 206 PLANTATION, FL 33324 US	C/O ADVOCATES FOR OPPORTUNITY, INC. 1333 S. UNIVERSITY DRIVE, SUITE 206 PLANTATION, FL 33324 US

05312007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0553183 ☐ 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
KAHN, DEBORAH C/O ADVOCATES FOR OPPORTUNITY, INC. 1333 S. UNIVERSITY DRIVE, SUITE 206 PLANTATION, FL 33324	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 _____ 8/15/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CHD ALEXANDER, DAVID 820 AUSTRALIA ST MERRITT ISLAND, FL 32953	☒ Delete	CHD Janice Phillips 1831 Fiddler Court Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD MARKS, REBECCA 13902 NORTH DALE MABRY HIGHWAY TAMPA, FL 336182415	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PUMPHREY, MARTHA 13879 INTRACOASTAL SOUND DR JACKSONVILLE, FL 32224	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SYMON, LORRAINE C/O 1333 S UNIVERSITY DR, STE 206 PLANTATION, FL 33324	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ Lorraine Symon 8/15/07 9544523937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #