

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701874

FILED
Jan 28, 2013
Secretary of State
CC3798991524

Entity Name: FLORIDA COSMETOLOGY ASSOCIATION, INC.

Current Principal Place of Business:

4492 HARBOUR NORTH COURT
JACKSONVILLE, FL 32225

Current Mailing Address:

4492 HARBOUR NORTH COURT
JACKSONVILLE, FL 32225

FEI Number: 59-1003667

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POOLE, BONNIE ATREASUR
4492 HARBOUR N.CT.
JACKSONVILLE, FL 32225 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BREWER, TERRY
Address 444 COPPERSTONE CIRCLE
City-State-Zip: CASSELBERRY FL 32707

Title TRES
Name POOLE, BONNIE A
Address 4492 HARBOUR N. CT.
City-State-Zip: JACKSONVILLE FL 32205

Title VP
Name CHAPMAN, CHARLES
Address 2950 ST. JOHNS AVE. #3
City-State-Zip: JACKSONVILLE FL 32205

Title S
Name POOLE, BONNIE
Address 4492 HARBOUR N. COURT
City-State-Zip: JACKSONVILLE FL 32225

Title D
Name CLAY, JERRY
Address 1219 SLASH PINE CIRCLE
City-State-Zip: PUNTA GORDA FL 33950

Title D
Name FIGUEROA, IVETTE
Address 6029 LAKE POINTE DR. #203
City-State-Zip: ORLANDO FL 32822

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE A. POOLE

SECRETARY/TREASURER 01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date