

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721630

**Entity Name:** FLORIDA EXTENSION ASSOCIATION OF FAMILY AND CONSUMER SCIENCES, INC.**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC8611235805****Current Principal Place of Business:**UF/IFAS EXTENSION SEMINOLE COUNTY  
250 W. COUNTY HOME RD. SANFORD  
SANFORD, FL 32773-6197**Current Mailing Address:**UF/IFAS EXTENSION SEMINOLE COUNTY  
250 W. COUNTY HOME RD. SANFORD  
SANFORD, FL 32773-6197 US**FEI Number: 52-1633990****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ENGLAND, JULIE B  
UF/IFAS EXTENSION SEMINOLE COUNTY  
250 W. COUNTY HOME RD. SANFORD  
SANFORD, FL 32773-6197 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: JULIE B ENGLAND****04/07/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER  
**Name** ENGLAND, JULIE B  
**Address** UF/IFAS EXTENSION SEMINOLE COUNTY  
250 W. COUNTY HOME RD. SANFORD**City-State-Zip:** SANFORD FL 32773-6197**Title** SECRETARY  
**Name** TAYLOR, MELANIE  
**Address** 232 EAST LAKE AVE.  
**City-State-Zip:** WEWAHITCHKA FL 32465**Title** VP MEMBER RESOURCES  
**Name** DEARY, SAMARA  
**Address** 2266 NORTH TEMPLE AVENUE  
**City-State-Zip:** STARKE FL 32091-1612**Title** VP PROFESSIONAL DEVELOPMENT  
**Name** LYNCH, WENDY  
**Address** 111 YELVINGTON ROAD  
SUITE 1  
**City-State-Zip:** EAST PALATKA FL 32131**Title** PRESIDENT  
**Name** SPENCE, LYNDIA  
**Address** 2232 NE JACKSONVILLE ROAD  
**City-State-Zip:** OCALA FL 34470**Title** VP PUBLIC AFFAIRS  
**Name** ROMETO, MARIA  
**Address** TWIN LAKES PARK, GREEN BUILDING  
6700 CLARK ROAD  
**City-State-Zip:** SARASOTA FL 34241**Title** VP- AWARDS & RECOGNITION  
**Name** WHITWIRTH, GAYLE  
**Address** 3695 LAKE DRIVE  
**City-State-Zip:** COCOA FL 32926

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: JULIE B ENGLAND****TREASURER****04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date