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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701874 (0)

1. Corporation Name

FLORIDA COSMETOLOGY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1311 N. WESTSHORE BLVD. SUITE 114
TAMPA FL 33607

1311 N. WESTSHORE BLVD. SUITE 114
TAMPA FL 33607-4611

3. Date Incorporated or Qualified
01/23/1969

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1003667

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, EDWARD
7755 NEW TAMPA HWY
LAKELAND FL 33801

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME MOON, JACQUE
STREET ADDRESS 5433 REEF DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME CAVO Michael
1.3 STREET ADDRESS 1941 N.E. 31st COURT
1.4 CITY-ST-ZIP Lighthouse Point, FL

TITLE VP ☒ DELETE
NAME CAVO, MICHAEL
STREET ADDRESS 1941 NE 31ST COURT
CITY-ST-ZIP LIGHTHOUSE POINT FL

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Jerry Clay
2.3 STREET ADDRESS 4466 Ganyard St
2.4 CITY-ST-ZIP Charlotte Harbor, FL

TITLE T ☐ DELETE
NAME MCDONALD, EDWARD
STREET ADDRESS 7755 NEW TAMPA HWY
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME STEELE, JEANNE
STREET ADDRESS 20997 ALPINE AVENUE
CITY-ST-ZIP PT. CHARLOTTE FL

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Bonnie Poole
4.3 STREET ADDRESS 4492 Harbour N. Ct.
4.4 CITY-ST-ZIP JACKSONVILLE, FL

TITLE D ☒ DELETE
NAME WASHKO, ROSE
STREET ADDRESS POST OFFICE BOX 1759
CITY-ST-ZIP MELROSE FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Lorraine Collins
5.3 STREET ADDRESS 536 Aspen Rd
5.4 CITY-ST-ZIP West Palm Bch, FL

TITLE D ☒ DELETE
NAME HAMMER, HEANNIE
STREET ADDRESS 1215 SAMAR ROAD
CITY-ST-ZIP COCOA BEACH FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Glenda Stephenson
6.3 STREET ADDRESS 408 Winter Ridge Blvd
6.4 CITY-ST-ZIP WINTER HAVEN, FL

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward M. Donald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

(941) 682-8716

Daytime Phone # 0047493

CR2E037 (9/96)