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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90039 004 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 701874**

1. Corporation Name

**FLORIDA COSMETOLOGY ASSOCIATION, INC.**

Principal Place of Business

1311 N. WESTSHORE BLVD. SUITE 114  
TAMPA FL 33607

Mailing Address

1311 N. WESTSHORE BLVD. SUITE 114  
TAMPA FL 33607



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/23/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

59-1003667

Not Applicable

23

28

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24

Country

25

Country

29

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, EDWARD**  
**7755 NEW TAMPA HWY**  
**LAKELAND FL 33815**

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 VP  
NAME COLLINS, LORRAINE  
STREET ADDRESS 536 ASPEN RD  
CITY-ST-ZIP WEST PALM BEACH FL

☒ DELETE

1.1 TITLE President  
1.2 NAME BONNIE A. POOLE  
1.3 STREET ADDRESS 4492 HARBOUR CT N.  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32225

☒ Change ☐ Addition

TITLE P  
NAME CAVO, MICHAEL  
STREET ADDRESS 1941 N. 31ST COURT  
CITY-ST-ZIP LIGHTHOUSE POINT FL

☒ DELETE

2.1 TITLE V.P.  
2.2 NAME MARK A. BLAIE  
2.3 STREET ADDRESS 1800 EMBASSY DR #123  
2.4 CITY-ST-ZIP W. PALM Bch, FL 33401

☒ Change ☐ Addition

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

☐ DELETE

3.1 TITLE D.  
3.2 NAME Andrew Carlich  
3.3 STREET ADDRESS 1783 BANYAN Creek Cir N.  
3.4 CITY-ST-ZIP BOYNTON Bch, FL 33436

☐ Change ☒ Addition

TITLE S  
NAME MOON, JACQUE  
STREET ADDRESS 5433 REEF DR  
CITY-ST-ZIP NEW PORT RICHEY FL

☒ DELETE

4.1 TITLE S.  
4.2 NAME NANCY PANOCH  
4.3 STREET ADDRESS 3420 MAGNOLIA WAY  
4.4 CITY-ST-ZIP Punta Gorda, FL 33950

☒ Change ☐ Addition

TITLE D  
NAME BLAIE, MARK A  
STREET ADDRESS 1800 EMBASSY DR, 123  
CITY-ST-ZIP WEST PALM BEACH FL

☒ DELETE

5.1 TITLE D.  
5.2 NAME JERRY L. CLAY  
5.3 STREET ADDRESS 4466 GANYARD ST.  
5.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33980

☒ Change ☐ Addition

TITLE D  
NAME PARRIS, SHIRLEY  
STREET ADDRESS 339 W LAKE MARIETTA DR  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

6.1 TITLE D  
6.2 NAME B.J. CORONA  
6.3 STREET ADDRESS 7124 FLA99LER Dr  
6.4 CITY-ST-ZIP PORT Richey FL 34668

☒ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99  
Date

(941) 688-5857  
Daytime Phone #

CR2E037 (11/98)