

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701874

**FILED**  
**Jan 05, 2004**  
**Secretary of State****Entity Name:** FLORIDA COSMETOLOGY ASSOCIATION, INC.**Current Principal Place of Business:**7755 NEW TAMPA HWY  
LAKELAND, FL 33815**New Principal Place of Business:****Current Mailing Address:**7755 NEW TAMPA HWY  
LAKELAND, FL 33815**New Mailing Address:****FEI Number:** 59-1003667      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCDONALD, EDWARD  
7755 NEW TAMPA HWY  
LAKELAND, FL 33815      US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:****Title:** P      ( ) Delete  
**Name:** CHAPMAN, CHARLES A  
**Address:** 2950 ST JOHNS AVE #3  
**City-St-Zip:** JACKSONVILLE, FL 32208**Title:** VP      ( ) Delete  
**Name:** PANOCH, NANCY  
**Address:** 3420 MAGNOLIA WAY  
**City-St-Zip:** PUNTA GORDA, FL 33950**Title:** T      ( ) Delete  
**Name:** MCDONALD, EDWARD  
**Address:** 7755 NEW TAMPA HWY  
**City-St-Zip:** LAKELAND, FL**Title:** S      ( ) Delete  
**Name:** CLAY, JERRY L  
**Address:** 4466 GANYARD ST  
**City-St-Zip:** PORT CHARLOTTE, FL 33980**Title:** D      ( ) Delete  
**Name:** STEPHENSON, GLENDA  
**Address:** 408 WINTER RIDGE BLVD  
**City-St-Zip:** WINTER HAVEN, FL 33881**Title:** D      ( ) Delete  
**Name:** GRONKE, EVA  
**Address:** 2584 NORTHFIELD LN  
**City-St-Zip:** CLEARWATER, FL 33761**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T      (X) Change ( ) Addition  
**Name:** BOGARDUS, JUDITH  
**Address:** 305 FAIRWAY ROAD  
**City-St-Zip:** SANFORD, FL 32773**Title:** S      (X) Change ( ) Addition  
**Name:** GRONKE, EVA  
**Address:** 2584 NORTHFIELD LANE  
**City-St-Zip:** CLEARWATER, FL 33761**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      (X) Change ( ) Addition  
**Name:** WASKO, ROSE  
**Address:** 3265 N.E. 31ST AVENUE  
**City-St-Zip:** OCALA, FL 34479

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDITH BOGARDUS

T

01/05/2004

Electronic Signature of Signing Officer or Director

Date