

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701874

FILED
Feb 15, 2005
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:

305 FAIRWAY ROAD
SANFORD, FL 32773

Current Mailing Address:

7755 NEW TAMPA HWY
LAKELAND, FL 33815

New Mailing Address:

305 FAIRWAY ROAD
SANFORD, FL 32773

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:

BOGARDUS, JUDITH A TREASUR
305 FAIRWAY ROAD
SANFORD, FL 32773 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: JUDITH A. BOGARDUS

02/15/2005

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: BOGARDUS, JUDITH
Address: 305 FAIRWAY ROAD
City-St-Zip: SANFORD, FL 32773

Title: S () Delete
Name: GRONKE, EVA
Address: 2584 NORTHFIELD LANE
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: STEPHENSON, GLENDA
Address: 408 WINTER RIDGE BLVD
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: WASKO, ROSE
Address: 3265 N.E. 31ST AVENUE
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WASHKO, ROSE
Address: 3665 NE 31ST STREET
City-St-Zip: OCALA, FL 34479

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 A. BOGARDUS

TREA

02/15/2005

Electronic Signature of Signing Officer or Director

Date