

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701874

FILED
Jan 05, 2008
Secretary of State

Entity Name: FLORIDA COSMETOLOGY ASSOCIATION, INC.

Current Principal Place of Business:

7755 NEW TAMPA HIGHWAY
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

7755 NEW TAMPA HIGHWAY
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 TREASUR
7755 NEW TAMPA HIGHWAY
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: ANZALONE, CHARLES
Address: 1170 PEPPERTREE LANE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: CLAY, JERRY
Address: 1219 SLASH PINE CIRCLE #112
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: MCDONALD, EDWARD
Address: 7755 NEW TAMPA HIGHWAY
City-St-Zip: LAKELAND, FL 33815

Title: S () Delete
Name: BOONE, PATRICA
Address: P.O. BOX 12048
City-St-Zip: GAINESVILLE, FL 32604

Title: D () Delete
Name: BREWER, TERRY
Address: 444 COPPERSTONE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: POOLE, BONNIE
Address: 4492HARBOR NORTH COURT
City-St-Zip: JACKSONVILLE, FL 32225

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: BREWER, TERRY
Address: 444 COPPERSTONE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

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 exemption stated in Chapter 119, 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: EDWARD MCDONALD

T

01/05/2008

Electronic Signature of Signing Officer or Director

_____ Date