

# 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: 4492 HARBOR 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