


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90090 004 \*\*\*\*61.25

|  |  |   |
|--|--|---|
| <b>DOCUMENT # 721630</b>   |  |  |
| 1. Entity Name<br>FLORIDA EXTENSION ASSOCIATION OF FAMILY AND<br>CONSUMER SCIENCES, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>MARTIN CO COOP<br>2614 SE DIXIE HWY<br>STUART, FL 34996 US | Mailing Address<br>MARTIN CO COOP<br>2614 SE DIXIE HWY<br>STUART, FL 34996 US |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01112005 Chg-NP CR2E037 (10/03)

|   |  |  |
|---|--|--|
| 4. FEI Number<br>52-1633990                               |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional<br>Fee Required                      |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent                                       |  | 7. Name and Address of New Registered Agent                                       |  |
| PROCISE, CHRIS<br>MARTIN CO COOP EXT SERVICE<br>2614 SE DIXIE HWY<br>STUART, FL 34996 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Chris Procise DATE 4-12-05

(NOTE: Registered Agent signature required when reinstating)

|   |   |                                |  |
|---|---|--------------------------------|--|
| Filing Fee is \$61.25<br>Due by May 1, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--------------------------------|--|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PROCISE, CHRIS<br>PO BOX 2718<br>STUART, FL 349952718 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALLEN, TINA<br>RT 18 BOX 720<br>LAKE CITY, FL 32025 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TOELLE, STEPHANIE<br>1010 N MCDUFF AE<br>JACKSONVILLE, FL 322542083 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KENNINGTON, MARY SUE<br>3600 S. FLORIDA AVE<br>INVERNESS, FL 34450 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>THOMPSON, TERRI<br>RT 3 BOX 1074-B<br>MACCLENNY, FL 32063 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HUGHES, BARBARA<br>250 W COUNTY HOME RD<br>SANFORD, FL 32773 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Procise CHRIS PROCISE 4-12-05 772-288-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR