2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90006 008 ****61.25

DOCUMENT # 721630

1. Entity Name
FLORIDA EXTENSION ASSOCIATION OF FAMILY AND CONSUMER SCIENCES, INC.

Principal Place of Business	Mailing Address
MARTIN CO COOP 2614 SE DIXIE HWY STUART, FL 34996 US	MARTIN CO COOP 2614 SE DIXIE HWY 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

02142006 Chg-NP CR2E037 (11/05)

4. FEI Number 52-1633990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PROCISE, CHRIS
MARTIN CO COOP EXT SERVICE
2614 SE DIXIE HWY
STUART, FL 34996

7. Name and Address of New Registered Agent

Name CHRIS KILBRIDE
Street Address (P.O. Box Number is Not Acceptable) MARTIN CO COOP EXT SERVICE
2614 SE DIXIE HWY
City STUART **FL** Zip Code 34996

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 Kilbride CHRIS KILBRIDE 2-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PROCISE, CHRIS PO BOX 2718 STUART, FL 349952718	☐ Delete	T KILBRIDE, CHRIS 2614 SE DIXIE HWY STUART FL 34996	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, TINA RT 18 BOX 720 LAKE CITY, FL 32025	☒ Delete	P GORDON, DANIELLE 615 PAUL RUSSELL RD TALLAHASSEE FL 32301-7099	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOELLE, STEPHANIE 1010 N MCDUFF AE JACKSONVILLE, FL 322542083	☒ Delete	VP WHITWORTH, GAYLE 1455 TREELAND BLVD PALM BAY FL 32909-2212	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNINGTON, MARY SUE 3600 S. FLORIDA AVE INVERNESS, FL 34450	☒ Delete	S CORBUS, JUDY 1424 JACKSON AVE STE A CHIPLEY FL 32428-1602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THOMPSON, TERRI RT 3 BOX 1074-B MACCLENNY, FL 32063	☒ Delete	D DOUGLAS, DIANE 902 COLLEGE DR MADISON FL 32340-1428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUGHES, BARBARA 250 W COUNTY HOME RD SANFORD, FL 32773	☒ Delete	D LEE, DOROTHY 3740 STEFANI RD CANTONMENT FL 32533-7792	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Kilbride CHRIS KILBRIDE 2-20-06 772-288-5656