2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/30/2007-90853-029-$61.25-$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

04262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
NASSAU CO CES	NASSAU CO CES
Suite, Apt. #, etc. 543350 US HWY 1	Suite, Apt. #, etc. 543350 US HWY 1
City & State CALLAHAN F	City & State CALLAHAN FL
Zip 32011 Country US	Zip 32011 Country US

4. FEI Number
52-1633990
☐ Applied Fo
☐ Not Applic

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KILBRIDE, CHRIS MARTIN CO COOP EXT SERVICE 2614 SE DIXIE HWY STUART, FL 34996	Name: MARGARET MCALPINE Street Address (P.O. Box Number is Not Acceptable): NASSAU CO CES 543350 US HWY 1 City: CALLAHAN FL Zip Code: 32011

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 acc the obligations of registered agent.

SIGNATURE Chris Kilbride TREASURER CHRIS KILBRIDE 4-25-07
Margaret McAlpine New Registered Agent Margaret McAlpine 7/3/07
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, 2007

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 KILBRIDE, CHRIS 2614 SE DIXIE HWY STUART, FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCALPINE, MAREARET 543350 US HWY 1 CALLAHAN FL 32011	☐ Change ☒ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GORDON, DANIELLE 615 PAUL RUSSELL RD TALLAHASSEE, FL 323017099	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, BRENDA 2800 NE 39TH AVE GAINESVILLE FL 32609	☐ Change ☒ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WHITWORTH, GAYLE 1455 TREELAND BLVD PALM BAY, FL 329092212	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYANT, KATHLEEN 3100 E NEW YORK AVE DELAND FL 32724	☐ Change ☒ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORBUS, JUDY 1424 JACKSON AVE STE A CHIPLEY, FL 324281602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGLAS, DIANE 902 COLLEGE DR MADISON, FL 323401428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V	☒ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, DOROTHY 3740 STEFANI RD CANTONMENT, FL 325337792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROYER, LAURA 2232 NE JACKSONVILLE RD OCALA FL 33470	☐ Change ☒ Ad

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 informatio 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 direc 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 channged, or on an attachment with an address with all other like empowered.

Chris Kilbride CHRIS KILBRIDE 4-25-07 772-288-5656
Margaret McAlpine Margaret McAlpine 7-3-07 904-548-1116
(New Registered Agent).

JC 7/11