

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721630

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

NASSAU CO CES
543350 US HWY 1
CALLAHAN, FL 32011 US

New Principal Place of Business:

Current Mailing Address:

NASSAU CO CES
543350 US HWY 1
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: 52-1633990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCALPINE, MARGARET
NASSAU CO CES
543350 US HWY 1
CALLAHAN, FL 32011 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: T () Delete
Name: MCALPINE, MARGARET
Address: NASSAU CO CES 543350 US HWY 1
City-St-Zip: CALLAHAN, FL 32011 US

Title: P () Delete
Name: WILLIAMS, BRENDA
Address: 2800 NE 39TH AVENUE
City-St-Zip: GAINSVILLE, FL 32609 US

Title: D () Delete
Name: BRYANT, KATHLEEN
Address: 3100 E NEW YORK AVENUE
City-St-Zip: DELAND, FL 32724 US

Title: S () Delete
Name: CORBUS, JUDY
Address: 1424 JACKSON AVE STE A
City-St-Zip: CHIPLEY, FL 324281602 US

Title: V () Delete
Name: DOUGLAS, DIANE
Address: 902 COLLEGE DR
City-St-Zip: MADISON, FL 323401428 US

Title: D () Delete
Name: ROYER, LAURA
Address: 2232 NE JACKSONVILLE ROAD
City-St-Zip: OCALA, FL 33470 US

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: () Change () Addition
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City-St-Zip:

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: MARGARET MCALPINE

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date