

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747738 (3)

1. Corporation Name

THE FLORIDA ASSOCIATION OF OCCUPATIONAL LICENSING
G OFFICIALS, INC., (FAOLO),.



Principal Place of Business

C/O JOYCE DESORMEAU
121 N.E. 16TH STREET
DELRAY BCH FL 33444

Mailing Address

C/O JOYCE DESORMEAU
121 N.E. 16TH STREET
DELRAY BCH FL 33444

3. Date Incorporated or Qualified
06/20/1979

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

21 100 NW 1st Ave.
Suite, Apt. #, etc.

2a. Mailing Address

26 100 NW 1st Ave.
Suite, Apt. #, etc.

4. FEI Number
59-1922100

Applied For
Not Applicable

22 City & State

23 Delray Beach, FL 33444

27 City & State

28 Delray Beach, FL 33444

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip
33444

25 Country

29 Zip
33444

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DESORMEAU, JOYCE
121 N.E. 16TH STREET
DELRAY BEACH FL 33444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Joyce A. Desormeau
Signature typed or printed name of registered agent and the filer (initials)

(NOTE: Registered Agent signature required when re-stating)

DATE

1/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME SAGRAVES, HARRY
STREET ADDRESS 210 MILITARY TRAIL
CITY-ST-ZIP JUPITER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME HUMBLE, ANNA
STREET ADDRESS 17 S. VERNON AVE.
CITY-ST-ZIP KISSIMMEE FL

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Ann Barnes
2.3 STREET ADDRESS 524 NE 1st Ct.
2.4 CITY-ST-ZIP Wilton Manors, FL 33305

TITLE D ☐ DELETE
NAME COX, STEPHEN E.
STREET ADDRESS 228 S. MASSACHUSETTS AVE
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME DESORMEAU, JOYCE A.
STREET ADDRESS 100 N.W. 1ST AVE.
CITY-ST-ZIP DELRAY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME PARKER, JAMES
STREET ADDRESS 400 SO. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GOEBEL, JANICE
STREET ADDRESS 225 NEWBERRYPORT AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joyce A. Desormeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96
Date

(407) 243-7205
Daytime Phone #

CR2E037 (12/95)