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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747738** (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**100 NW 1ST AVE  
DELRAY BCH FL 33444  
US**

**100 NW 1ST AVE  
DELRAY BCH FL 33444  
US**

3. Date Incorporated or Qualified

**06/20/1979**

4. FEI Number

**59-1922100**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 100 NW 1st Ave.**

**2a 100 NW 1st Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Delray Beach, FL**

**2a Delray Beach, FL**

Zip

Zip

**24 33444**

**2a 33444**

Country

Country

**25 US**

**2a US**

9. Name and Address of Current Registered Agent

**DESORMEAU, JOYCE**

**121 N.E. 16TH STREET**

**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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
BARNES, ANN**  
STREET ADDRESS **524 NE 21ST COURT**  
CITY-ST-ZIP **WILTON MANORS FL**

TITLE ☐ DELETE

NAME **VPD  
HILL, CAROL**  
STREET ADDRESS **501 BAY ISLES RD**  
CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE ☐ DELETE

NAME **D  
ROBINSON, BRYANT**  
STREET ADDRESS **400 S ORANGE AVE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **D  
THOMPSON, DARRELL**  
STREET ADDRESS **300 S ADAMS ST**  
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**TD  
Barbara Bukovan  
225 1st Ave SW  
Largo, FL 33770**

14. 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 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**

4/3/98

(561) 243-7205

CR2E037 (10/97)