

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90199 004 ****61.25

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DOCUMENT # 747738

1. Corporation Name

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

Principal Place of Business

100 NW 1ST AVE
DELRAY BCH FL 33444
US

Mailing Address

100 NW 1ST AVE
DELRAY BCH FL 33444
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

06/20/1979

4. FEI Number

59-1922100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME TD
STREET ADDRESS BARBARA BUKOVAN
CITY-ST-ZIP 225 1ST AVE SW
LARGO FL 33770

TITLE ☒ DELETE

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

John Rainwater
PO Box 1835 1410 Market St Ste C1-323122
Tallahassee, FL 32302-1835

Adriana Castellano
PO Box 2200 2105 N-Nebraska -33602
Tampa, FL 33601-2200

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)