

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747738

FILED
Apr 17, 2004
Secretary of State**Entity Name:** THE FLORIDA ASSOCIATION OF OCCUPATIONAL LICENSING OFFICIALS, INC., (FAOLO),.**Current Principal Place of Business:**401 WEST VENICE AVE
VENICE, FL 342852006 US**New Principal Place of Business:**121 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34984 US**Current Mailing Address:**401 WEST VENICE AVE
VENICE, FL 342852006 US**New Mailing Address:**121 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34984 US**FEI Number:** 59-1922100**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOEFERT, EDWARD
401 WEST VENICE AVE
VENICE, FL 342852006 US**Name and Address of New Registered Agent:**MASTRO, MARY
121 SW PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34984 US

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: MARY MASTRO

04/17/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: BARNES, ANN
Address: 524 NE 21ST COURT
City-St-Zip: WILTON MANORS, FL**Title:** SD () Delete
Name: HOEFERT, EDWARD
Address: 401 WEST VENICE AVE
City-St-Zip: VENICE, FL 342852006**Title:** D () Delete
Name: PINKERMAN, MARY
Address: 1701 BARBADOS RD
City-St-Zip: LAKE CLARKE SHORES, FL 33406**Title:** D () Delete
Name: KELLY, SANDRA
Address: 100 B US HWY 1
City-St-Zip: FORT PIERCE, FL 34950**Title:** T () Delete
Name: BARBARA BUKOVAN,
Address: 201 HIGHLAND AVE
City-St-Zip: LARGO, FL 33770**Title:** PD () Delete
Name: CASTELLANO, ADRIANA
Address: PO BOX 2200, 2105 N. NEBRASKA - 33602
City-St-Zip: TAMPA, FL 336012200**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: HOEFERT, EDWARD
Address: 401 WEST VENICE AVE
City-St-Zip: VENICE, FL 342852006**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: MASTRO, MARY
Address: 121 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984**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 for the exemption stated in Section 119.07(3)(i), 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: BARBARA BUKOVAN

TRES

04/17/2004

Electronic Signature of Signing Officer or Director

Date