

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2004  
Secretary of State**

**DOCUMENT# 747738**

**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