

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90084 044 ****61.25

DOCUMENT # 755079

1. Entity Name
**FLORIDA ALLIANCE OF INFORMATION AND REFERRAL
SERVICES, INC. (FLAIRS)**



Principal Place of Business
**THE CTR FOR INFO. & CRISIS SRVS.
ATTN: SUSAN BUZA/ P.O. BOX 3588
LAKE WORTH, FL 33465-3588 US**

Mailing Address
**THE CTR FOR INFO. & CRISIS SRVS.
ATTN: SUSAN BUZA/ P.O. BOX 3588
LAKE WORTH, FL 33465-3588 US**

40003381



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2041288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUZA, SUSAN K
211 PALM BEACHE/TREASURE COAST
LAKE WORTH, FL 33465-3588**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME SYLVIA, TIM
STREET ADDRESS 3747 W. INTERNATIONAL SPEEDWAY
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE VD ☒ Delete
NAME PERDUE, WENDY
STREET ADDRESS 3660 MAGUIRE BLVD., STE 320
CITY-ST-ZIP ORLANDO, FL 32803

TITLE SD ☐ Delete
NAME BYRNE, SUSAN
STREET ADDRESS 3217 NW 10TH TERR STE 307
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE TD ☐ Delete
NAME BUZA, SUSAN
STREET ADDRESS 211 PALM BEACH/TREASURE COAST
CITY-ST-ZIP LAKE WORTH, FL 334653588

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME DONOGHUE, LIBBY
STREET ADDRESS P.O. BOX 417
CITY-ST-ZIP COCOA, FL 32923

TITLE VD ☐ Change ☒ Addition
NAME ARNOLD, ROBERT
STREET ADDRESS 1301 RIVERPLACE BLVD. 4th FL
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan K Buza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/06 5615331099

Date Daytime Phone #