

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

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**



02102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2041288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOGHUE, LIBBY P.O. BOX 417 COCOA, FL 32923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARNOLD, ROBERT 1301 RIVERPLACE BLVD. 4TH FL JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYRNE, SUSAN 3217 NW 10TH TERR STE 307 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUZA, SUSAN 211 PALM BEACH/TREASURE COAST LAKE WORTH, FL 334653588
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/08-80060-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Libby Donoghue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/08

Date

407-359-2698

Daytime Phone #