

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 756386

1. Entity Name
ELECTROLYSIS SOCIETY OF FLORIDA, INC.



Principal Place of Business
7550 W. UNIVERSITY AVENUE
SUITE C
GAINESVILLE, FL 32607 US

Mailing Address
7550 W. UNIVERSITY AVENUE
SUITE C
GAINESVILLE, FL 32607 US



08112006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2184313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRASINGTON, JESSICA A
7550 W. UNIVERSITY AVENUE
SUITE C
GAINESVILLE, FL 32607

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 Jessica A. Brasington, ESF Treasurer
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

8-15-06
DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HERMANSPAN, KAREN
STREET ADDRESS	10694 S US 1, SUITE B
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	2VP
NAME	HADDAD, ALISSA
STREET ADDRESS	10694 S. US 1, SUITE B
CITY-ST-ZIP	PORT ST. LUCIE, FL 32607
TITLE	CS
NAME	EXUM, PEGGY
STREET ADDRESS	13001 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	T
NAME	BRASINGTON, JESSICA
STREET ADDRESS	7550 W. UNIVERSITY AVENUE, SUITE C
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	S
NAME	MC ALLISTER, STEPHANIE
STREET ADDRESS	312 SOUTH OLD DIXIE HWY #205
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	ADAMS, JUDY
STREET ADDRESS	651 AIA BEAR BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084

U00000574530
08/17/06-80001-007 61.25

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: Jessica A. Brasington 8-15-06 352-331-6791
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #