2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # 756766 1. Entity Name 05-02-2001 90147 042 ****61.25 FLORIDA ASSOCIATION OF DIRECTORS OF VOLUNTEER SE Principal Place of Business Mailing Address 5515 ESSEX CIRCLE 5515 ESSEX CIRCLE PENSACOLA FL 32506 PENSACOLA FL 32506 8114 STIME AVN DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2147483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent GREATHOUSE, NANCY 5515 ESSEX CIR PENSACOLA FL 32506 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. SIGNATURE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 1. 10. ☐ Addition PRESIDENT Change ☐ Delete TILE TITLE KELLEY PERKINS HAME MILLER, CAROL NAME STREET ADDRESS STREET ADDRESS 4201 BELFORT RD CITY-ST-ZIP City-SI-7IP JACKSONVILLE FL 32218 HOODLESS, D RESIDENT LETA HO ☐ Deleta TITLE TITLE NAME NAME ADAMS, HR STREET ADDRESS STREET ADDRESS **801 SIXTH STREET SOUTH** CITY-ST-ZIP 33570 -EDUCATION Change CITY-ST-ZIP ST PETERSBURG FL 33701 TITLE □ Delete TITLE NANCY GREATHOUSS D 5515 ESSEX CIRCLE WIGGLESWORTH, SANDRA 1.4ME NAME STREET ADDRESS STREET ADDRESS 3420 SW 100TH ST C-TY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32610** ☐ Addition SECRETAR TILE SUSAN GAZA Delate TITLE HARRIS, MARGIE N-IME NAME DAVIS TSLANDS, POBOX 1289 SIRFET ADDRESS STREET ADDRESS 601 MAIN ST CITY-ST-ZIP **DUNEDIN FL 34698** C TY-ST-ZIP 33601-128 Addition TITLE ☐ Delete TITLE JEANNE STEVENS PERKINS, KELLEY NAME N. AE IMIE AI STREET ADDRESS 6201 N SUNCOAST BLVD STREET ADDRESS CUY-ST- 7IP CITY-ST-ZIP CRYSTAL RIVER FL 34428 Delete TI LE ΠπF GREATHOUSE, NANCY NAME N/ VE STREET ADDRESS 5515 ESSEX CIRCLE STREET ADDRESS CI P-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 signature shall have the same legal effect as if made under oeth; 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. exame? SIGNATURE:

FILED

May 23, 2001 8:00 am

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FLORIDA ASSOCIATION OF DIRECTORS
OF VOLUNTEER SERVICES, INC.

756766

May 21, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Reference Number: 756766

Please note that in reference to your letter of May 14, 2001, the following additions have been added to the Florida Association of Directors of Volunteer Services form: The letter "D" has been added to the following names Kelley Perkins, Aleta Hoodless, and Nancy Greathouse.

Please let me know if any additional information is needed. Thank you for your help.

Sincerely,

Jeanne Stevens, Treasurer

Jeanne Stevens

Florida Association of Directors of Volunteer Services, Inc.

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