

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90042 046 ****61.25

DOCUMENT # 756766

1. Entity Name

FLORIDA ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES, INCORPORATED

Principal Place of Business

**8114 STIMIE AVENUE NORTH
SAINT PETERSBURG FL 33710
US**

Mailing Address

**8114 STIMIE AVENUE NORTH
SAINT PETERSBURG FL 33710
US**

00034033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2147483

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVENS, JEANNE
8114 STIMIE AVENUE NORTH
SAINT PETERSBURG FL 33710**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PED	<input type="checkbox"/> Delete
NAME	HOODLESS, ALETA	
STREET ADDRESS	1450 BERRYHILL ROAD	
CITY-ST-ZIP	MILTON FL 32570	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GREATHOUSE, NANCY	
STREET ADDRESS	5515 ESSEX CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32501	

TITLE	PD	<input type="checkbox"/> Delete
NAME	GAZA, SUSAN	
STREET ADDRESS	SAVIS ISLAND. P.O. BOX 1289	
CITY-ST-ZIP	TAMPA FL 33601-1289	

TITLE	T	<input type="checkbox"/> Delete
NAME	STEVENS, JEANNE	
STREET ADDRESS	8114 STIMIE AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE	P	<input type="checkbox"/> Delete
NAME	PERKINS, KELLEY	
STREET ADDRESS	6201 N SUNCOAST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALETA HOODLESS	
STREET ADDRESS	1450 BERRYHILL ROAD	
CITY-ST-ZIP	MILTON FL 32570	

TITLE	PED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY GREATHOUSE	
STREET ADDRESS	5515 ESSEX CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32501	

TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEG PARSCHE	
STREET ADDRESS	LAKELAND MED CTR. P.O. BOX 95488	
CITY-ST-ZIP	LAKELAND FL 33804	

TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE GAZA	
STREET ADDRESS	DAVIS ISLAND. P.O. BOX 1289	
CITY-ST-ZIP	TAMPA FL 33601-1289	

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNE STEVENS	
STREET ADDRESS	8114 STIMIE AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

JEANNE STEVENS

2/14/02 727-892 8671

CR2E037 (9/01)