

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90004 038 ****61.25

DOCUMENT # 756766					
1. Entity Name FLORIDA ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES, INCORPORATED					
Principal Place of Business 1332 SE 1ST TERRACE CAPE CORAL, FL 33990 US			Mailing Address 1332 SE 1ST TERRACE CAPE CORAL, FL 33990 US		
2. Principal Place of Business 1332 SE 1ST TERR		3. Mailing Address 1332 SE 1ST TERR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		4. FEI Number 59-2147483	
Zip 33990		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADISH, DONNA 1332 SE 1ST TERRACE CAPE CORAL, FL 33990			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 <u>Donna L. Bradish</u> <u>DONNA L. BRADISH</u> <u>8-8-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10'		
TITLE PD NAME GREATHOUSE, NANCY STREET ADDRESS 5515 ESSEX CIRCLE CITY-ST-ZIP PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE PID NAME PEG PARSCHE STREET ADDRESS LAKELAND MED. CTR., P.O. Box 95488 CITY-ST-ZIP LAKELAND, FL 33804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PED NAME PARSCHE, PEG STREET ADDRESS LAKELAND MED CTR, P.O. BOX 95488 CITY-ST-ZIP LAKELAND, FL 33804	<input type="checkbox"/> Delete		TITLE PE/D NAME KAREN RUENHECK STREET ADDRESS HEALTH CENTRAL, 10000 W. COLONIAL CITY-ST-ZIP OCFEE, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME GAZA, SUSAN STREET ADDRESS DAVIS ISLAND, P.O. BOX 1289 CITY-ST-ZIP TAMPA, FL 336011289	<input type="checkbox"/> Delete		TITLE VP/D NAME DEBRA CHEEK STREET ADDRESS H. LEE MOFFITT CANCER CTR., 12901 MAGNOLIA DR. CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME STEVENS, JEANNE STREET ADDRESS 8114 STIMIE AVENUE NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete		TITLE S NAME JOLINE KROLICKI STREET ADDRESS HEALTH PARK CENTRAL, 411 N. DILLARD ST. CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME PERKINS, KELLEY STREET ADDRESS 6201 N SUNCOAST BLVD CITY-ST-ZIP CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		TITLE T/D NAME DONNA BRADISH STREET ADDRESS 1332 SE 1ST TERR CITY-ST-ZIP CAPE CORAL, FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME PARSCHE, PEG STREET ADDRESS LAKELAND MED CTR. P.O. BOX 95488 CITY-ST-ZIP LAKELAND, FL 33804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Donna L. Bradish</u> <u>DONNA L. BRADISH, TREASURER</u> <u>8-8-04</u> <u>339-336-6103</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

% 3 1 2 3 2 2 6 6 6 6 6 6 D &

07272004 Chg-NP CR2E037 (10/03)