


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90049 029 ****61.25

DOCUMENT # 756766 1. Entity Name FLORIDA ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES, INCORPORATED					
Principal Place of Business 3183 WHISPER WIND DR SAINT CLOUD, FL 34771 US			Mailing Address 3183 WHISPER WIND DR SAINT CLOUD, FL 34771 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2147483	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, ANGELA 3183 WHISPER WIND DR SAINT CLOUD, FL 34771			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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PED BRADDISH, DONNA HEALTH CENTRAL HOSP. 1000 W. COLONIAL DR OCOCHEE, FL 34761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Braddish, DONNA Lee Memorial Health System, 2776 Cleveland Ave Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHECK, DEBRA H. LEE MOFFITT CANCER CTR 12901 MAGNOLIA DR TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PED Judy Peacock Munroe Regional Med Ctr, 1500 Sw 1st Street Ocala, FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KROICKI, JOLINE HEALTH CENTRAL PARK 411 N. DILLARD ST WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Rosemarie Schwager NCH Healthcare Sys. 11190 Health Park Blvd Naples, FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARGIZ-LYONS, ALICIA SHINERS HOSP. 12502 N. PINE DR TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Linda Arnold Martin Memorial Health System, 200 SE Stuart, FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PHILLIPS, ANGELA 3183 WHISPER WIND DR OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Angela Phillips</i>			2-9-07 407-351-8530		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		