2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

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DOCUMENT # 756766 1. Entity Name FLORIDA ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES, INCORPORATED					Secretary of State 04-09-2008 90037 003 ****61.25			
Principal Place of Business 3183 WHISPER WIND DR SAINT CLOUD, FL 34771 US SAINT CLOUD, FL 34771				(
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 710 SW St. Wcie Cres 710 SW St. Lucie Cre				Coas				
Suite, Apt. #, etc. Suite, Apt. #, etc.			i. Kulle	0.40.40000	hg-NP CR2E03	37 (12/06)		
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3 ^{Zip} 99	Country_	34994	Country	5. Certificate of S		\$8.75 Addi		
	6. Name and Address of Current I	Registered Agent		7. Name and Add	tress of New Registered /	Agent		
PHILLIPS, ANGELA			Name	Linderthrold				
3183 WHISPER WIND DR SAINT CLOUD, FL 34771			Street Ad	Street Address (P.O. Box Number is Not Acceptable) 10 50 5+ Lucie Cres.				
			City	<u>- </u>		Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or regis)ナリ ュァ も registered agent, or both, in	the State of Florida. I am	- 349 familiar with, 6	9 ¥ and accept	
	tions of registered agent.		•	•			-	
SIGNATURE Springer, was do prived name of registered agent and title of applicable. (NOTE: Registered Agent signature required when renatisting) DATE DATE								
SIGNATURE	Signature, upped or printed name of registered agent a	and title if applicable. (NOTE: F	nda f	rnold re required when retratating)	4/4 DATE	80	•	
SIGNATURE	Filing Fee Is \$61.25	and title of applicable. (NOTE: F 9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Make check	D8		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Florida Depar	tment of St	ate	
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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.

772 - 223-5945

CITY-ST-ZIP

SIGNATURE: LEXAS WENGEL

CITY-ST-ZIP

4/4/08 ×

× 3643