


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-09-2008 90037 003 ****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 # 710 SW St. Lucie Cres		3. Mailing Address 710 SW St. Lucie Cres.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042008 Chg-NP CR2E037 (12/06)	
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 59-2147483	
Zip 34994		Country USA		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: Linda Arnold Street Address (P.O. Box Number is Not Acceptable): 710 SW St. Lucie Cres. City: Stuart FL Zip Code: 34994		
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>Linda Arnold</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Linda Arnold</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>		<u>4/4/08</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE PD	NAME BRADDISH, DONNA <input checked="" type="checkbox"/> Delete				
STREET ADDRESS 2776 CLEVELAND AVE.	CITY-ST-ZIP FORT MYERS, FL 33901				
TITLE PED	NAME PEACOCK, JUDY <input type="checkbox"/> Delete				
STREET ADDRESS 1500 SW 1ST STREET	CITY-ST-ZIP OCALA, FL 34474				
TITLE VPD	NAME SCHWAGER, ROSE MARIE <input checked="" type="checkbox"/> Delete				
STREET ADDRESS 11190 HEALTH OAK BLVD.	CITY-ST-ZIP NAPLES, FL 34110				
TITLE SD	NAME ARNOLD, LINDA <input type="checkbox"/> Delete				
STREET ADDRESS 200 SE HOSPITAL AVE.	CITY-ST-ZIP STUART, FL 34994				
TITLE TD	NAME PHILLIPS, ANGELA <input type="checkbox"/> Delete				
STREET ADDRESS 3183 WHISPER WIND DR	CITY-ST-ZIP OCALA, FL 34471				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	CITY-ST-ZIP 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD	NAME Judy Peacock <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS Munroe Regional Med. Center	CITY-ST-ZIP 1500 SW 1st St. Ocala, FL 34474				
TITLE PED	NAME Bissy Horn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
STREET ADDRESS 1 Skircliff Lane, Room 1106	CITY-ST-ZIP Jacksonville, FL 32204				
TITLE SD	NAME Angela Phillips <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 3183 Whisper Wind Dr.	CITY-ST-ZIP St. Cloud, FL 34771				
TITLE TP	NAME Linda Arnold <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 710 SW St. Lucie Cres.	CITY-ST-ZIP Stuart, FL 34994				
TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 	CITY-ST-ZIP 				
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: <u>Linda Arnold</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/4/08</u> <small>Date</small>		772-223-5945 x 3643 <small>Daytime Phone #</small>	