2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 756766

Entity Name: FLORIDA ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES, INCORPORATED

Current Principal Place of Business:

710 SW ST. LUCIE CRES
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

710 SW ST. LUCIE CRES
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2147483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, LINDA
710 SW ST LUCIE CRES
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEGCOCK, JUDY
Address: 15000 SW 1ST ST
City-St-Zip: OCALA, FL 34474

Title: PED ( ) Delete
Name: HORN, SISSY
Address: 1 SHIRELIFF LANE, ROOM 1106
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD ( ) Delete
Name: ARNOLD, LINDA
Address: 710 SW ST LUCIE CRES
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete
Name: PHILLIPS, ANGELA
Address: 3183 WHISPER WIND DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEACOCK, JUDY
Address: 15000 SW 1ST ST
City-St-Zip: OCALA, FL 34474

Title: VPD (X) Change ( ) Addition
Name: HORN, SISSY
Address: 1 SHIRELIFF LANE, ROOM 1106
City-St-Zip: JACKSONVILLE, FL 32204

Title: T (X) Change ( ) Addition
Name: ARNOLD, LINDA
Address: 710 SW ST LUCIE CRES
City-St-Zip: STUART, FL 34994

Title: SEC (X) Change ( ) Addition
Name: PHILLIPS, ANGELA
Address: 3183 WHISPER WIND DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA ARNOLD T 03/09/2009

Electronic Signature of Signing Officer or Director — Date