FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763137 (7)

1. Corporation Name

FLORIDA HOME ECONOMICS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16133 VANDERBILT DRIVE ODESSA FL 33556	16133 VANDERBILT DRIVE ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1982
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-6141219 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROSWELL, PATRICIA H.
FLORIDA HOME ECONOMIC ASSOCIATION, INC.
16133 VANDERBILT DR.
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, NANCY	12 NAME	
STREET ADDRESS	2430 NW 38TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ROSWELL, PATRICIA	22 NAME	
STREET ADDRESS	16133 VANDERBILT DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☒ Change ☐ Addition
NAME	HARRISON, SANDRA	32 NAME	PD ROGERS, BRENDA G.
STREET ADDRESS	1429 BELMONT BLVD.	33 STREET ADDRESS	1303 17TH STREET WEST
CITY-ST-ZIP	LYNN HAVEN FL	34 CITY-ST-ZIP	PALMETTO FL 34221
TITLE	VD	41 TITLE	☒ Change ☐ Addition
NAME	HILL, CELIA B	42 NAME	VD BURNS, RITA
STREET ADDRESS	3406 PALM BCH BLVD	43 STREET ADDRESS	750 N. OCEAN BLVD. #1001
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	CLARK, SHIRLEY	52 NAME	
STREET ADDRESS	2140 W JEFFERSON ST	53 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	54 CITY-ST-ZIP	
TITLE	PPD	61 TITLE	☒ Change ☐ Addition
NAME	TORRES, NAYDA	62 NAME	PPD HARRISON, SANDRA
STREET ADDRESS	PO BOX 110310	63 STREET ADDRESS	1429 BELMONT BLVD
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	Lynn Haven, FL 32444

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Roswell, Exec. Director Jan 28, 1995 813-920-3379
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA ROSWELL

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