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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **763137** **(7)**

1. Corporation Name

FLORIDA ASSOCIATION OF FAMILY AND CONSUMER SCIEN CES, INC.

Principal Place of Business	Mailing Address
12034 ARBOR LAKES DR JACKSONVILLE FL 32225 US	12034 ARBOR LAKE DRIVE JACKSONVILLE FL 32225

3. Date Incorporated or Qualified: 05/05/1982

4. FEI Number: 59-6141219 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INGRAHAM, LINA
12034 ARBOR LAKE DR
JACKSONVILLE FL 32225

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 617.0502 and 617.1508, 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 617.0503, 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	P/D	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	MILES, JOYCE		1.2 NAME	JEANNE HEITMEYER	
STREET ADDRESS	245 MEADOWFIELD BLUFF RD		1.3 STREET ADDRESS	262B WJB Col. of Human Sciences FSU	
CITY-ST-ZIP	YULEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE FL 32306	
TITLE	V/D	☒ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BOYNTON, EDALENIA		2.2 NAME	DIANN DOUGLAS	
STREET ADDRESS	4748 BENEVA ROAD		2.3 STREET ADDRESS	900 College Dr	
CITY-ST-ZIP	SARASOTA FL 34293		2.4 CITY-ST-ZIP	Madison FL 32340	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	INGRAHAM, LINA		3.2 NAME		
STREET ADDRESS	12034 ARBOR LAKES DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	T/D	☒ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	MILLER, ELAINE M.		4.2 NAME	Joyce COTNER	
STREET ADDRESS	3514 MORNINGTIDE DR.		4.3 STREET ADDRESS	8531 Caribbean Blvd	
CITY-ST-ZIP	GULF BREEZE FL 32561-3812		4.4 CITY-ST-ZIP	Miami FL 33157	
TITLE	S/D	☒ DELETE	5.1 TITLE	S/D	☐ Change ☒ Addition
NAME	KEEN, MARY MUNCH		5.2 NAME	DENICE STANFORTH	
STREET ADDRESS	ROUTE 15 BOX 943		5.3 STREET ADDRESS	9717 Woodland Ridge Dr	
CITY-ST-ZIP	LAKE CITY FL 32024		5.4 CITY-ST-ZIP	Tampa FL 33637	
TITLE	V/D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YASKIN, SUSAN		6.2 NAME		
STREET ADDRESS	7557 SW 81 AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Joyce Cotner REQUIRED 04-08-98 (305)-253-9920