FILE NOW: FILING FEE IS $61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90247 006 ****70.00

0005973

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763137

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2032 N. Capistrano Dr.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville FL
Zip 29 32224 Country 30 USA

3. Date Incorporated or Qualifed
05/05/1982

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

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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) 2032 N Capistrano Dr
83
84 City Jacksonville FL 85 Zip Code 32224

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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HEITMEYER, JEANNE		1.2 NAME	HAMILTON, Nancy	
STREET ADDRESS	262B WJB COL OF HUMAN SCIENCES, FSU		1.3 STREET ADDRESS	7700 TWIN Eagle Ln	
CITY-ST-ZIP	TALLAHASSEE FL 32306		1.4 CITY-ST-ZIP	Ft Myers FL 33912	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, DIANN		2.2 NAME		
STREET ADDRESS	90 COLLEGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL 32340		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	INGRAHAM. LINA		3.2 NAME	INGRAHAM, LINA	
STREET ADDRESS	12034 ARBOR LAKES DR		3.3 STREET ADDRESS	2032 N. Capistrano Dr	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COTNER, JOYCE		4.2 NAME		
STREET ADDRESS	8531 CARIBBEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STANFORTH, DENICE		5.2 NAME		
STREET ADDRESS	9717 WOODLAND RIDGE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637		5.4 CITY-ST-ZIP		
TITLE	V/D	☒ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	YASKIN, SUSAN		6.2 NAME	BOYNTON, EDALENIA	
STREET ADDRESS	7557 SW 81 AVE		6.3 STREET ADDRESS	3187 Juno Rd	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Venice FL 34293	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Joyce Cotner **SIGNATURE REQUIRED** 04-08-99 305-253-9920 x-199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #