2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90053 049 ****61.25

DOCUMENT # 763137

1. Entity Name

FLORIDA ASSOCIATION OF FAMILY AND CONSUMER SCIEN

Principal Place of Business	Mailing Address
12034 ARBOR LAKES DR JACKSONVILLE FL 32225 US	2032 N. CAPISTRANO DRIVE JACKSONVILLE FL 32224-3091 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2621 NW 29th Place	2621 NW 29th Place
Suite, Apt. #, etc.: Gainesville FL	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville FL
Zip: 32605 Country: USA	Zip: 32605 Country: USA

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INGRAHAM, LINA 2032 N CAPISTRANO DRIVE JACKSONVILLE FL 32225	Name: LINDA D. COOK Street Address (P.O. Box Number is Not Acceptable): 2621 NW 29th Place Gainesville City: Gainesville **FL** Zip Code: 32605

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.

SIGNATURE: Linda D. Cook LINDA D. Cook, Executive Director 3/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMILTON, NANCY 7700 TWIN EAGLE LANE FT MYERS FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Arnell Waldron 1045 Knollwood Circle Wachula FL 33873	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOUGLAS, DIANN 90 COLLEGE DR MADISON FL 32340	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Mary Keen Route 22 PostBox 943 Lake City, FL 32024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGRAHAM. LINA 2032 N CAPISTRANO DRIVE JACKSONVILLE FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDA D. Cook 2621 NW 29th Place Gainesville FL 32605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COTNER, JOYCE 8531 CARIBBEAN BLVD MIAMI FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STANFORTH, DENICE 9717 WOODLAND RIDGE DR TAMPA FL 33637	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIANNA Edlow 204 Wilson Green Blvd Tallahassee FL 32310	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOYNTON, EDALENIA 3187 JUNO ROAD VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: SIGNATURE REQUIRED Arnell R Waldron 941-773-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #