2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90013 013 ****70.00

DOCUMENT # 763137

1. Entity Name
FLORIDA ASSOCIATION OF FAMILY AND CONSUMER SCIENCES, INC.

Principal Place of Business	Mailing Address
902 COLLEGE DRIVE MADISON, FL 32340 US	902 COLLEGE DRIVE MADISON, FL 32340 US

44047040

07022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
8531 Caribbean Blvd. Suite, Apt. #, etc.	8531 Caribbean Blvd. Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33157-7265 Country: US	Zip: 33157-7265 Country: US

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

DOUGLAS, DIANN
902 COLLEGE DRIVE
MADISON, FL 32340

7. Name and Address of New Registered Agent

Name: Joyce Cotner
Street Address (P.O. Box Number is Not Acceptable): 8531 Caribbean Blvd.
City: Miami FL Zip Code: 33157

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joyce Cotner 7/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED MCGREW, DONNA 3175 57 AVE. CIR. EAST BRADENTON, FL 34203	☐ Delete	PED Joyce Cotner 8531 Caribbean Blvd. Miami, FL 33157-7276	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEEN, MARY ROUTE 28, BOX 623 LAKE CITY, FL 32025	☐ Delete	D Joyce Griffin 15870 Voyageurs Dr. West Palm Beach, FL 33414-9073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMOCK, LINDA GARNEY 9657 LAKE SEMINOLE DR. EAST LARGO, FL 33773	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HEDGE, SUSAN 1815 WHITE CUP CIRCLE NORTH FORT MYERS, FL 33903	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED DOUGLAS, DIANN 902 COLLEGE AVE MADISON, FL 323401426	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TURNER, JO P.O. BOX 110310 GAINESVILLE, FL 32611	☐ Delete		☐ Change ☐ Addition

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: Josephine Turner Treasurer 7/7/04 (352) 392-1945 x228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #