


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 763137 1. Entity Name FLORIDA ASSOCIATION OF FAMILY AND CONSUMER SCIENCES, INC.	
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Principal Place of Business 8531 CARIBBEAN BLVD MIAMI, FL 33157-7265 US	Mailing Address 8531 CARIBBEAN BLVD MIAMI, FL 33157-7265 US
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02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6141219	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COTNER, JOYCE 8531 CARIBBEAN BLVD MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED MCGREW, DONNA 3175 57 AVE. CIR. EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEEN, MARY ROUTE 28, BOX 623 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED COTNER, JOYCE 8531 CARIBBEAN BLVD MIAMI, FL 331577276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEDGE, SUSAN 1815 WHITE CUP CIRCLE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, JOYCE 15870 VOYAGEURS DR WEST PALM BEACH, FL 334149073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, JO P.O. BOX 110310 GAINESVILLE, FL 32611

U00000220387
02/08/05-80067-023.70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jo Turner Jo Turner 2/04/05 352-392-1945 x 228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #