


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90003 050 ****70.00

DOCUMENT # 763137 1. Entity Name FLORIDA ASSOCIATION OF FAMILY AND CONSUMER SCIENCES, INC.			
Principal Place of Business 8531 CARIBBEAN BLVD MIAMI, FL 33157-7265 US		Mailing Address 8531 CARIBBEAN BLVD MIAMI, FL 33157-7265 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 3175 57th Ave Circle East Bradenton, FL 34203		3. Mailing Address Suite, Apt. #, etc. 3175 57th Ave Circle East Bradenton, FL 34203	
City 3175 57th Ave Circle East Bradenton, FL 34203		City 3175 57th Ave Circle East Bradenton, FL 34203	
Zip 3175 57th Ave Circle East Bradenton, FL 34203		Country 3175 57th Ave Circle East Bradenton, FL 34203	
4. FEI Number 59-6141219		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTNER, JOYCE 8531 CARIBBEAN BLVD MIAMI, FL 33157		7. Name and Address of New Registered Agent Name Donna McGrew Street Address 3175 57th Avenue Circle East City Bradenton, FL 34203 Code	
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.			
SIGNATURE <u>Joyce Cotner PED</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PE BURNS, RITA 812 N. OCEAN BLVD. #100 POMPANO BEACH, FL 330624620	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP STANFORTH, DANICE 9717 WOODLAND RIDGE DR. TAMPA, FL 33637	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP PED COTNER, JOYCE 8531 CARIBBEAN BLVD MIAMI, FL 331577276	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP S WARRNER, DAWN 75 SW 75TH STREET, APT A5 GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP CRISP, BETSY 6459 BARCELLONA RD LAND O LAKES, FL 346373206	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD TURNER, JO P.O. BOX 110310 GAINESVILLE, FL 32611	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sue Sinclair 11279 Oakridge Trail Dr. Seminole, FL 33772			
VP <input type="checkbox"/> Change <input type="checkbox"/> Addition Denice Stanforth 9717 Woodland Ridge Dr. Tampa, FL 33637 <input checked="" type="checkbox"/> SAME			
PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Glenda Warren 3028 McCarthy Gainesville, FL 32611			
S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Linda Mueller P.O. Box 7 Loxahatchee, FL 33470			
VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leanne Lester 3033 Starmount Dr. Valrico, FL 33594			
TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ruth Houser 824 Hanover Ct. Rockledge, FL 32955			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, 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: <u>Donna McGrew</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date <u>May 30 2007</u> Daytime Phone # <u>752-7636</u>			