

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763137

FILED
Apr 05, 2009
Secretary of State

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

Current Principal Place of Business:

3175 57TH AVE CIR E
BRADENTON, FL 34203 US

New Principal Place of Business:

Current Mailing Address:

3175 57TH AVE CIR E
BRADENTON, FL 34203 US

New Mailing Address:

FEI Number: 59-6141219 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCGREW, DONNA
3175 57TH AVE CIR E
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARREN, GLENDA
Address: 3028 MCCARTY HALL P.O. BOX 110310
City-St-Zip: GAINESVILLE, FL 32611

Title: VP () Delete
Name: WARNER, DAWN
Address: 3932 BELMOOR DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: PED () Delete
Name: LESTER, LEANNE
Address: 3033 STARMOUNT DR
City-St-Zip: VALRICO, FL 33596

Title: S () Delete
Name: MUELLER, LINDA
Address: PO BOX 7
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP () Delete
Name: BURNS, RITA
Address: 812 N. OCEAN BLVD. #100
City-St-Zip: POMPANO BEACH, FL 33062

Title: TD () Delete
Name: STANFORTH, DENICE
Address: 3811 SOUTHPORT SPRINGS PARKWAY
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WARNER, DAWN
Address: 3932 BELMOOR DR
City-St-Zip: PALM HARBOR, FL 34685

Title: VP (X) Change () Addition
Name: FUENTEZ, TERI
Address: 1208 HOWELL CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BURNS, RITA
Address: 4143 SPYGLASS HILL
City-St-Zip: MASON, OH 45040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA MCGREW

ASST

04/05/2009

Electronic Signature of Signing Officer or Director

Date