

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90169 027 ****61.25

DOCUMENT # 763137

1. Entity Name

FLORIDA ASSOCIATION OF FAMILY AND CONSUMER SCIENCES, INC.



Principal Place of Business

**2621 NW 29TH PLACE
GAINESVILLE FL 32605
US**

Mailing Address

**2621 NW 29TH PLACE
GAINESVILLE FL 32605
US**

2. Principal Place of Business

902 College Drive

3. Mailing Address

902 College Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Madison, FL

City & State
Madison, FL

4. FEI Number **59-6141219**

Applied For

Not Applicable

Zip
32340

Country
US

Zip
32340

Country
US

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

**COOK, LINDA D
2621 NW 29TH PLACE
GAINESVILLE FL 32605**

Name

Diann Douglas

Street Address (P.O. Box Number is Not Acceptable)

902 College Drive

City

Madison,

FL

Zip Code
32340

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

Diann Douglas
Signature, typed or printed name of registered agent and title if applicable.

Diann Douglas
(NOTE: Registered Agent signature required when reinstating)

3/25/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	EDLOW, DIANNA	
STREET ADDRESS	204 WILSON GREEN BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	VP	☒ Delete
NAME	CARLSON, ANITA	
STREET ADDRESS	3213 HERMITAGE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	ED	☒ Delete
NAME	COOK, LINDA D	
STREET ADDRESS	2621 NW 29TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TD	☒ Delete
NAME	NEWMAN, BECCA	
STREET ADDRESS	3245 COLLEGE AVE	
CITY-ST-ZIP	DAVIE FL 33314-7798	
TITLE	PED	☐ Delete
NAME	DOUGLAS, DIANN	
STREET ADDRESS	902 COLLEGE AVE	
CITY-ST-ZIP	MADISON FL 32340-1426	
TITLE	S	☒ Delete
NAME	PETERS, MARY B	
STREET ADDRESS	365 NW 94TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE	Donna McGrew - PED	☐ Change ☐ Addition
NAME	3175 57 Ave. Cir. East	
STREET ADDRESS	Bradenton, FL 34203	
CITY-ST-ZIP		
TITLE	PD	☐ Change ☐ Addition
NAME	Mary Keen	
STREET ADDRESS	Route 28 Box 623	
CITY-ST-ZIP	Lake City, FL 32025	
TITLE	P	☐ Change ☐ Addition
NAME	Linda Garney Smock	
STREET ADDRESS	9657 Lake Seminole Drive East	
CITY-ST-ZIP	Largo, FL 33773	
TITLE	S	☐ Change ☐ Addition
NAME	Susan Hedge	
STREET ADDRESS	1815 White Cup Circle	
CITY-ST-ZIP	North Ft. Myers, FL 33903	
TITLE	TD	☐ Change ☐ Addition
NAME	Jo Turner	
STREET ADDRESS	PO Box 110310	
CITY-ST-ZIP	Gainesville, FL 32611	

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: *Diann Douglas* **SIGNATURE REQUIRED** *3/25/03* (850) 973-4138

CR2E037 (10/02)