

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90067 011 ****61.25

DOCUMENT # 763198

1. Entity Name
**FLORIDA ASSOCIATION FOR VOLUNTEER ACTION IN
THE CARIBBEAN AND THE AMERICAS, INC**



Principal Place of Business
**1310 N PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301**

Mailing Address
**1310 N PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2215229

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHARKEY, JEFFREY INTERIM
1310 N. PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **Carolyn Rose-Avila**

Street Address (P.O. Box Number is Not Acceptable)
1310 N. Paul Russell Rd.

City **Tallahassee**

FL

Zip Code
32301

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

Carolyn Rose-Avila

April 5, 2007

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 May 1, 2007**

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

TITLE **CD** ☐ Delete
NAME **KOCOUREK, TODD CHAIRMA**
STREET ADDRESS **1310 N. PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **VCD** ☐ Delete
NAME **SEAMON, FRED VICE CH**
STREET ADDRESS **1310 N PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **SD** ☐ Delete
NAME **SCHLAKMAN, MARK SECRET**
STREET ADDRESS **1310 N PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **TD** ☐ Delete
NAME **MOISE, RUDOLPH TREASUR**
STREET ADDRESS **1310 N PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete
NAME **SHARKEY, JEFFERY PAST CH**
STREET ADDRESS **106 E. COLLEGE AVENUE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete
NAME **BOUTWELL, W.K.**
STREET ADDRESS **2123 CENTRE POINT BLVD**
CITY-ST-ZIP **TALLAHASSEE, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition
NAME **Seamon, Fred -chairman**
STREET ADDRESS **1310 N. Paul Russell Rd.**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **VCD** ☒ Change ☐ Addition
NAME **Moise, Rudolph -vice chair**
STREET ADDRESS **1310 N. Paul Russell Rd.**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **O'Connor, Frank -Treasurer**
STREET ADDRESS **1310 N. Paul Russell Rd.**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **P** ☒ Change ☐ Addition
NAME **Kocourek, Todd -past chair**
STREET ADDRESS **1310 N. Paul Russell Rd**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** ☒ Change ☐ Addition
NAME **Sharkey, Jeffrey**
STREET ADDRESS **106 E. College Ave**
CITY-ST-ZIP **Tallahassee, FL 32301**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

Date

Daytime Phone #