2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# 763198

Entity Name: FLORIDA ASSOCIATION FOR VOLUNTEER ACTION IN THE CARIBBEAN AND THE AMERICAS, INC

Current Principal Place of Business:

1310 N PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1310 N PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-2215229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSE AVILA, CAROLYN
1310 N. PAUL RUSSELL ROAD
TALLAHASSEE, FL 32301 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:	D	( ) Delete
Name:	KOCOUREK, TODD CHAIRMA	
Address:	1310 N. PAUL RUSSELL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	CD	( ) Delete
Name:	SEAMON, FRED VICE CH	
Address:	1310 N PAUL RUSSELL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	SD	( ) Delete
Name:	SCHLAKMAN, MARK SECRET	
Address:	1310 N PAUL RUSSELL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	VCD	( ) Delete
Name:	MOISE, RUDOLPH TREASUR	
Address:	1310 N PAUL RUSSELL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	SHARKEY, JEFFREY	
Address:	106 E. COLLEGE AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	TD	( ) Delete
Name:	OCCONNOR, FRANK	
Address:	1310 N PAUL RUSSELL RD	
City-St-Zip:	TALLAHASSEE, FL 32301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CAROLYN ROSE-AVILA P 01/14/2008
Electronic Signature of Signing Officer or Director — Date