


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # N00000007935</b> 1. Entity Name FLORIDA ADMINISTRATORS OF VOLUNTEERS IN GOVERNMENT, INC.					
Principal Place of Business 4111 LAND O' LAKES BLVD STE 202 LAND O LAKES FL 34639			Mailing Address 4111 LAND O' LAKES BLVD STE 202 LAND O LAKES FL 34639		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3388789</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BUSCETTA, VINCENT</b> <b>4111 LAND O' LAKES BLVD STE 202</b> <b>LAND O LAKES FL 34639</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OSBOURNE-PONSI, HELENA P.O. BOX 7800 TAVARES FL 32778			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAY, MONA 1040 SOUTH FLORIDA AVE ROCKLEDGE FL 32955			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUMPHRIES, JANET DRAWER CA03 PO BOX 9005 BARTOW FL 33831			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIDSON, PAULETTE 2725 JUDGE FRAN JAMIESON WAY VIERRA FL 32904			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUSCETTA, VINCENT 4111 LAND O'LAKES BLVD LAND O'LAKES FL 3439			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 persons empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E037 (11/03)

59-3388789 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004  
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 NAME STREET ADDRESS CITY - ST - ZIP  
P OSBOURNE-PONSI, HELENA P.O. BOX 7800 TAVARES FL 32778  
[Delete] [Change] [Addition]

TITLE NAME STREET ADDRESS CITY - ST - ZIP  
D RAY, MONA 1040 SOUTH FLORIDA AVE ROCKLEDGE FL 32955  
[Delete] [Change] [Addition]

TITLE NAME STREET ADDRESS CITY - ST - ZIP  
S HUMPHRIES, JANET DRAWER CA03 PO BOX 9005 BARTOW FL 33831  
[Delete] [Change] [Addition]

TITLE NAME STREET ADDRESS CITY - ST - ZIP  
D DAVIDSON, PAULETTE 2725 JUDGE FRAN JAMIESON WAY VIERRA FL 32904  
[Delete] [Change] [Addition]

TITLE NAME STREET ADDRESS CITY - ST - ZIP  
T BUSCETTA, VINCENT 4111 LAND O'LAKES BLVD LAND O'LAKES FL 3439  
[Delete] [Change] [Addition]

TITLE NAME STREET ADDRESS CITY - ST - ZIP  
[Empty] [Delete] [Change] [Addition]

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 persons empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/22/04 813-929-1260