FILED
Jan 21, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007935

1. Entity Name
FLORIDA ADMINISTRATORS OF VOLUNTEERS IN GOVERNMENT, INC.

Principal Place of Business	Mailing Address
4111 LAND O' LAKES BLVD STE 202 LAND O LAKES, FL 34639	4111 LAND O' LAKES BLVD STE 202 LAND O LAKES, FL 34639

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01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3388789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUSCETTA, VINCENT
4111 LAND O' LAKES BLVD STE 202
LAND O LAKES, FL 34639

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OSBOURNE-PONSI, HELENA
STREET ADDRESS	P.O. BOX 7800
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D
NAME	RAY, MONA
STREET ADDRESS	1040 SOUTH FLORIDA AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	S
NAME	HUMPHRIES, JANET
STREET ADDRESS	DRAWER CA03 PO BOX 9005
CITY-ST-ZIP	BARTOW, FL 33831
TITLE	D
NAME	DAVIDSON, PAULETTE
STREET ADDRESS	2725 JUDGE FRAN JAMIESON WAY
CITY-ST-ZIP	VIERRA, FL 32904
TITLE	T
NAME	BUSCETTA, VINCENT
STREET ADDRESS	4111 LAND O'LAKES BLVD
CITY-ST-ZIP	LAND O'LAKES, FL 3439
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80092-002 70.00

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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: Helena Osborne Ponsi Helena Osborne-Ponsi 1/6/05 727-858-0951-Cell
VINCENT BUSCETTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #