SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $340)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:01

DOCUMENT # N00080 (4)

1. Corporation Name
FLORIDA ASSOCIATION OF VOLUNTEER CENTERS, INC.

Principal Place of Business	Mailing Address
% JUDITH MERRITT 7 N. COYLE ST. PENSACOLA FL 32501	% JUDITH MERRITT 7 N. COYLE ST. PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2305200 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for unemployment tax under s. 443.036, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 15 W. Strong Street	26
Suite, Apt. #, etc 22 Suite 10C	Suite, Apt. #, etc. 27
City & State 23 Pensacola, FL	City & State 28
Zip 24 32501-3164 Country 25 U.S.A.	Zip 29 Country 30

9. Name and Address of Current Registered Agent

MERRITT, JUDITH W.
7 N. COYLE ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: Merritt, Judith W.
82 Street Address (P.O. Box Number is Not Acceptable): 15 W. Strong St., Suite 10C
83
84 City: Pensacola FL 85 Zip Code: 32501

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	MCGINTY, JUDITH	12 NAME		
STREET ADDRESS	1149 LAKE DR	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	KING, DIANA	22 NAME	Betty Tribble	
STREET ADDRESS	5200 16TH ST. N.	23 STREET ADDRESS	P.O. Box 172249	N/A
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	TAMPA, FL 33672-0249	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	WILKINS, SHARON	32 NAME		
STREET ADDRESS	400 TAMIAMI TRL SO #230	33 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	ADAMS, JACQUELINE	42 NAME		
STREET ADDRESS	1750 17TH ST	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith W. McGinty 6/21/95 407-631-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010204