FILE NOW: FILING FEE IS $61.25

FILED
Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N00080** **(4)**

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

Principal Place of Business	Mailing Address
1750 17TH STREET STE. C-3 SARASOTA FL 34234 US	C/O JACKIE ADAMS 1750 17TH STREET. STE. C-3 SARASOTA FL 34234-8686 US

3. Date Incorporated or Qualified: 11/29/1983
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: Jacqueline Adams
82 Street Address (P.O. Box Number is Not Acceptable): 1750 17th Street, Suite C-3
83:
84 City: Sarasota **FL** 85 Zip Code: 34234

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: Jacqueline F. Adams 3/8/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	GEARING, TERRY		1.2 NAME	Richard C. Vititoe	
STREET ADDRESS	11648 FICUS ST		1.3 STREET ADDRESS	15 West Strong Street, Suite 32-B	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	Pensacola, Florida 32501-3164	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	CARR, SANDY		2.2 NAME	DAVIDSON, DORIS	
STREET ADDRESS	1300 S. ANDREWS AVENUE		2.3 STREET ADDRESS	1149 LAKE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	COCOA, FL 32922-8509	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	SEIFERT, OLA		3.2 NAME		
STREET ADDRESS	5959 CENTRAL AVENUE		3.3 STREET ADDRESS	#200	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	33733-3807	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	ADAMS, JACQUELINE		4.2 NAME		
STREET ADDRESS	1750 17TH STREET, STE. C-3		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	34234	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Jacqueline F. Adams JURED 3/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063143