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NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NOOC

(4)

FLORIDA ASSOCIATION OF VOLUNTEER CENTERS, INC.

FILED Apr 27 1998 8:00am Secretary of State

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Principal Place of Business Malling Address								I JUDAIRON ORA DURAN OURAK DURAN AUKAN A	INN DIDN DIGN D		DIAM DIGIT HOUS
1750 17TH STREET C/O JACKIE ADAMS								9. Data Incorporated as Oscillad			
STE. C-3			1750	17TH STREET, STE	E. C-3			3. Date Incorporated or Qualified 11/29/1983			
SARASO US	TA FL 34234		SARA US	SOTA FL 34234				4. FEI Number			applied For
00			Uð					59-2305200			lot Applicable
	ipal Place of Bus	iness	2a. M	lailing Address					r !		Additional
21	·····		26					5. Certificate of Status Desired	;		Required
Suite	, Apt. #, etc.		— <u> </u>	ulte, Apt. #, etc.			,	6. Election Campaign Financing		55.00	May Be
22	Chata		27					Trust Fund Contribution		Added	to Fees
23	& State			ity & State				7. Is this nonprofit corporation a ho			on?
Zip	· · · · · · · · · · · · · · · · · · ·	Country	28 Zi	in	Cour	ntry			Yes I		
24		25	29	, P	30	y		This corporation owes or has pain Personal Property Tax due June			ntangible No
	9. Nam	e and Address of Cu		ed Agent	1001			10. Name and Address of New Reg			
	<u> </u>					81 Nam	е				
AD.	AMS, JACQUE	LINE			-	62 Stree	A Addros	s (P.O. Box Number is Not Acceptab	lo\		
1750 17 ST, STE C-3				!'		3000	A Addres	ss (F.O. Box Number is Not Acceptab	ne)		
	RASOTA FL 34				Ī	63					
						84 City					Code
					1			.,5	FL	1	
11. Pure	suant to the provi	sions of Sections 617	7.0502 and 617.	1508, Florida Stati	utes, the ab	ove-name	d corpoi	ration submits this statement for the p	urpose of ch	anging i	its registered
age	nt. I am familiar v	with, and accept the c	obligations of, S	ection 617.0503, F	Florida Statu	ites.	Jipolatio	is board or directors. Thereby accep	n me appoin	ment as	s registered
SIGNATI	IDE .										
SIGNAL	UNE										
	Signature, type	d or printed name of registere				Agent signat	ure required	when reinstating)	DATE	DEOTO	DO 0140
12,	Signature, type		ed agent and little if an S AND DIRECTO	ORS /	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D		
	Signature, type	OFFICERS	S AND DIRECTO	DELETE	13. 1.1 TiT(Æ		ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTO! Change	RS IN 12
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6.3 STREET ADDRESS

14. 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 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.