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FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90014 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00080

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 US

2. Principal Place of Business	2a. Mailing Address	
21 50 Kindred Street	26 PO Box 362	3. Date Incorporated or Qualified: 11/29/1983
Suite, Apt. #, etc. 22 207	Suite, Apt. #, etc. 27	4. FEI Number: 59-2305200 ☐ Applied For ☐ Not Applicable
City & State 23 Stuart FL USA	City & State 28 Stuart Fl	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 34994 Country 25	Zip 29 34995 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, JACQUELINE 1750 17 ST, STE C-3 SARASOTA FL 34234	81 Name: Carol Hodnett 82 Street Address (P.O. Box Number is Not Acceptable): 50 Kindred Street 83 Suite 207 84 City: Stuart FL 85 Zip Code: 34994

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: Carol L. Hodnett — 7/9/99
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	T D	☒ DELETE	1.1 TITLE	Treasurer D	☐ Change ☒ Addition
NAME	CAPE, PARKER		1.2 NAME	Carol Hodnett	
STREET ADDRESS	307 E SEVENTH AVE		1.3 STREET ADDRESS	50 Kindred St #207	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	Stuart FL 34994	
TITLE	VP D	☐ DELETE	2.1 TITLE	President	☒ Change ☐ Addition
NAME	MARSHALL, CINDY		2.2 NAME		
STREET ADDRESS	520 S E FT KING ST C1		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary D	☐ Change ☒ Addition
NAME	SEIFERT, OLA		3.2 NAME	Adriane LaRoza	
STREET ADDRESS	5959 CENTRAL AVE #200		3.3 STREET ADDRESS	1701 14th St Ste 2	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	Bradenton FL 34205	
TITLE	PD	☒ DELETE	4.1 TITLE	Vice President D	☐ Change ☒ Addition
NAME	ADAMS, JACQUELINE		4.2 NAME	Poly Renfro	
STREET ADDRESS	1750 17TH STREET, STE. C-3		4.3 STREET ADDRESS	1308 S Andrews Ave	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	Ft Lauderdale 33316	
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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Carol L. Hodnett CAROL L. HODNETT 7/9/99 561-220-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)