

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
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DOCUMENT # N00080✓

1. Corporation Name

FLORIDA ASSOCIATION OF VOLUNTEER CENTERS, INC.

Principal Place of Business

1750 17TH STREET
STE. C-3
SARASOTA FL 34234
US

Mailing Address

C/O JACKIE ADAMS
1750 17TH STREET, STE. C-3
SARASOTA FL 34234
US

2. Principal Place of Business 21 50 Kindred Street Suite, Apt. #, etc. 22 207 City & State 23 Stuart FL USA Zip 24 34994	2a. Mailing Address 26 PO Box 362 Suite, Apt. #, etc. 27 City & State 28 Stuart FL Zip 29 34995 Country 30 USA	3. Date Incorporated or Qualified 11/29/1983 4. FEI Number 59-2305200 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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8. Name and Address of Current Registered Agent

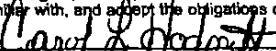
ADAMS, JACQUELINE
1750 17 ST, STE C-3
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name Carol Hodnett	82 Street Address (P.O. Box Number is Not Acceptable) 50 Kindred Street	83 Suite Suite 207	84 City Stuart	85 Zip Code FL 34994
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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



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 NAME STREET ADDRESS CITY-ST-ZIP	T CAPE, PARKER 307 E SEVENTH AVE TALLAHASSEE FL 32303 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Treasurer Carol Hodnett 50 Kindred St #207 Stuart FL 34994 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, CINDY 520 S E FT KING ST C1 OCALA FL 34471 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEIFERT, OLA 5959 CENTRAL AVE #200 ST. PETERSBURG FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Adriane LaRosa 1201 14th St Ste 2 Bradenton FL 34205 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ADAMS, JACQUELINE 1750 17TH STREET, STE. C-3 SARASOTA FL ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Vice President Poly Romo 1200 S Andrews Ave Pt Lauderdale 33316 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Hodnett

Date

7/9/99

Daytime Phone

561-220-4470

CR2E037 (11/98)