2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State
03-16-2005 90049 019 ****70.00

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

20021632

Principal Place of Business	Mailing Address
4049 WOODCOCK DR. STE. 100 JACKSONVILLE, FL 32207 US	4049 WOODCOCK DR. STE. 100 JACKSONVILLE, FL 32207 US

02172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2305200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JUDITH
4049 WOODCOCK DR. ST 100
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HODNET, CAROL 50 KINDRED STREET, #207 STUART, FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Smith, Judith A.M., DM 4049 Woodcock Drive, Suite 100 Jacksonville, FL 32207	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, JUDITH A. M. 4049 WOODCOCK DR. #100 JACKSONVILLE, FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Bush, Jeri 918 Railroad Ave. Tallahassee, FL 32310	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROHER, MERYL 3600 EVANS AVE. FORT MYERS, FL 33901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Shields, Pat P.O. Box 951636 Lake Mary, FL 32795-1636	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAROZA, ADRAINE 5131 MANATEE AVE., WEST BRADENTON, FL 34209	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Landry, Lise 2600 Quantum Blvd. Boynton Beach, FL 33426	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/28/05 904-398-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #