

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90148 024 ****61.25

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DOCUMENT # N09377 1. Entity Name FLORIDA ASSOCIATION OF SENIOR SERVICE CORPS DIRECTORS ASSOCIATION, INC.					
Principal Place of Business 100 WELDON BLVD SANFORD, FL 32773 US			Mailing Address P.O. BOX 951636 LAKE MARY, FL 32795		
2. Principal Place of Business 4701 NW 33rd Ave		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04222005 Chg-NP CR2E037 (10/03)	
City & State Fort Lauderdale, FL		City & State 		4. FEI Number 59-2667371	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, PAT 100 WELDON BLVD SANFORD, FL 32773			7. Name and Address of New Registered Agent Name Tom Cimock Street Address (P.O. Box Number is Not Acceptable) 4701 NW 33rd Ave City Fort Lauderdale, FL Zip Code 33309		
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 <u><i>Tom Cimock</i></u> DATE <u>04/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HODNETT, CAROL P.O. BOX 362 STUART, FL 34995	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, Donnia 1764 W Congress S-201 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PREVATT, JULIE 103 W NEBRASKA BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID McCart, Janice 3600 W King St S6 Cocoa, FL 32926	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERT, BARBARA 160 N BEACH STREET DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Hudson, Freddie 601 E. Kennedy Blvd Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIELDS, PAT 100 WELDON BLVD SANFORD, FL 32773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID Cimock, Tom 4701 NW 33rd Ave Fort Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u><i>Tom Cimock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/26/05</u> Daytime Phone # <u>954-484-7117 x115</u>		