

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90004 041 ****61.25

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DOCUMENT # N09377 1. Entity Name FLORIDA ASSOCIATION OF SENIOR SERVICE CORPS DIRECTORS ASSOCIATION, INC.					
Principal Place of Business 4701 NW 33RD AVE FORT LAUDERDALE, FL 33309 US			Mailing Address P.O. BOX 951636 LAKE MARY, FL 32795		
2. Principal Place of Business 4204 Okeechobee Road Suite, Apt. #, etc.		3. Mailing Address 4204 Okeechobee Road Suite, Apt. #, etc.			
City & State Fort Pierce, FL		City & State Fort Pierce, FL		4. FEI Number 59-2667371	
Zip 34947		Country St. Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIMOCK, TOM 4701 NW 33RD AVE FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Susan Helms-Smith Street Address (P.O. Box Number is Not Acceptable) 4204 Okeechobee Road City Fort Pierce FL Zip Code 34947		
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>Susan Helms-Smith</i></u> <small>Signature, typewritten or printed name of registered agent and file if applicable.</small>				July 24, 2006 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 6, 2006		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	PD SMITH, DONNA STREET ADDRESS 1764 N CONGRESS, S-201 CITY-STATE-ZIP WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE	NAME VD Cheryl Freeman STREET ADDRESS 40 Orange Street CITY-STATE-ZIP ST. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD MCCARTER, JANICE STREET ADDRESS 3600 W KING ST, S-6 CITY-STATE-ZIP COCOA, FL 32926	<input checked="" type="checkbox"/> Delete	TITLE	NAME TD Susan Helms-Smith STREET ADDRESS 4204 Okeechobee Road CITY-STATE-ZIP Fort Pierce, FL 34947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD HUDSON, FREDDIE STREET ADDRESS 601 E KENNEDY BLVD CITY-STATE-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE	NAME TD Susan Helms-Smith STREET ADDRESS 4204 Okeechobee Road CITY-STATE-ZIP Fort Pierce, FL 34947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD CIMOCK, TOM STREET ADDRESS 4701 NW 33RD AVE CITY-STATE-ZIP FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE	NAME VD Cheryl Freeman STREET ADDRESS 40 Orange Street CITY-STATE-ZIP ST. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-STATE-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 exemptions contained in Chapter 119, 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>Susan Helms-Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				July 24, 2006 772-429-5510 <small>Date Daytime Phone #</small>	