2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007
Secretary of State

DOCUMENT# N09377

Entity Name: FLORIDA ASSOCIATION OF SENIOR SERVICE CORPS DIRECTORS ASSOCIATION, INC.

Current Principal Place of Business:

4204 OKEECHOBEE RD.
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

4204 OKEECHOBEE RD.
FORT PIERCE, FL 34947 US

New Mailing Address:

FEI Number: 59-2667371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HELMS-SMITH, SUSAN
4204 OKEECHOBEE RD
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, DONNA
Address: 1764 N CONGRESS, S-201
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD ( ) Delete
Name: HUDSON, FREDDIE
Address: 601 E KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

Title: VD ( ) Delete
Name: FREEMAN, CHERYL
Address: 40 ORANGE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD ( ) Delete
Name: HELMS-SMITH, SUSAN
Address: 4204 OKEECHOBEE RD.
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HELMS-SMITH TREA 08/02/2007

Electronic Signature of Signing Officer or Director — Date