

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09377

FILED  
Feb 20, 2009  
Secretary of State

**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:**

3545 LAKE BREEZE DRIVE  
ORLANDO, FL 32808 US

**Current Mailing Address:**

4204 OKEECHOBEE RD.  
FORT PIERCE, FL 34947 US

**New Mailing Address:**

3545 LAKE BREEZE DRIVE  
ORLANDO, FL 32808 US

**FEI Number:** 59-2667371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

WATKINS, JANE  
3545 LAKE BREEZE DRIVE  
ORLANDO, FL 32808 US

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: JANE WATKINS

02/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, DONNIA  
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: PD (X) Change ( ) Addition  
Name: PREVATT, JULIE  
Address: 103 W. NEBRASKA STREET  
City-St-Zip: BONIFAY, FL 32425

Title: VPD (X) Change ( ) Addition  
Name: FREEMAN, CHERYL  
Address: 40 ORANGE STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD (X) Change ( ) Addition  
Name: TRUSSEL, DIANE  
Address: 1116 FRANKFORD AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: TD (X) Change ( ) Addition  
Name: WATKINS, JANE  
Address: 3545 LAKE BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32808

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: JANE WATKINS

TD

02/20/2009

Electronic Signature of Signing Officer or Director

Date