

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006359

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA CHAPTER OF AMERICAN ASSOCIATION OF SERVICE COORDINATORS, INC.

**Current Principal Place of Business:**

1576 8TH STREET  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1576 8TH STREET  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 27-3079399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JARAMILLO, PAULA  
1576 8TH STREET  
SARASOTA, FL 34236 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  
Name: JARAMILLO, PAULA  
Address: 1576 8TH STREET  
City-St-Zip: SARASOTA, FL 34236

Title: VD  
Name: GERMEK, KAREN  
Address: 103 WEST MAHONEY STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: SD  
Name: PERRIN, KATHY  
Address: 10200 122ND AVENUE N  
City-St-Zip: LARGO, FL 33773

Title: TD  
Name: MUEHLING, PAUL  
Address: 4505 N. ROME AVENUE  
City-St-Zip: TAMPA, FL 33603

I hereby 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 all other like empowered.

SIGNATURE: PAULA JARAMILLO

PD

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date