2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90101 018 ****61.25

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DOCUMENT # N17869

1. Entity Name
FLORIDA ASSOCIATION FOR HOME AND COMMUNITY EDUCATION, INC.

Principal Place of Business	Mailing Address
% NAYDA I. TORRES 3033 MCCARTY HALL/UOFF GAINESVILLE, FL 32611-0310	% NAYDA I. TORRES 3033 MCCARTY HALL/UOFF GAINESVILLE, FL 32611-0310

04082006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7361930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TORRES, NAYDA I. UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-0310	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P CORYELL, SYLVIA PO BOX 560457 MADISON, AL 35756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Monteverde, FL 34756	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JASINSKI, GLORIA PO BOX 306 ODESSA, FL 33556	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Osterman, Jackie 18513 Otterwood Ave Tampa, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEENAN, GRACE 118 ANASTASIA LODGE DR ST AUGUSTINE, FL 320805943	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Storts, Carolyn 39920 Emeraldo Island Rd Leesburg, FL 34788	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COCHRAN, LINDA 8550 NW 40TH STREET CHIEFLAND, FL 32626	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE STORTS, CAROLYN 39920 EMERALDO ISLAND ROAD LEESBURG, FL 34788	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE Jasinski, Gloria 5562 Charleston Ave. Tavares, FL 32778	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEST, HELEN 104 LANDVALE, PO BOX 155 GEORGETOWN, FL 32139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Helen U. West Helen U. West 04/08/06 386/467-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #