


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 039 ****61.25

DOCUMENT # N17869 1. Entity Name FLORIDA ASSOCIATION FOR HOME AND COMMUNITY EDUCATION, INC.					
Principal Place of Business % NAYDA I. TORRES 3033 MCCARTY HALL/UOFF GAINESVILLE, FL 32611-0310			Mailing Address % NAYDA I. TORRES 3033 MCCARTY HALL/UOFF GAINESVILLE, FL 32611-0310		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 23-7361930				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, NAYDA I. UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-0310			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORYELL, SYLVIA		NAME		
STREET ADDRESS	PO BOX 560457		STREET ADDRESS		
CITY - ST - ZIP	MONTEVERDE, FL 35756		CITY - ST - ZIP		
TITLE	PE <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JASINSKI, GLORIA		NAME		
STREET ADDRESS	5562 CHARLESTON AVE		STREET ADDRESS		
CITY - ST - ZIP	TAVARES, FL 32778		CITY - ST - ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSTERMAN, JACKIE		NAME		
STREET ADDRESS	15813 OTTERWOOD AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33647		CITY - ST - ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STORTS, CAROLYN		NAME		
STREET ADDRESS	39920 EMERALDO ISLAND ROAD		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG, FL 34788		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, HELEN		NAME		
STREET ADDRESS	104 LANDVALE, PO BOX 155		STREET ADDRESS		
CITY - ST - ZIP	GEORGETOWN, FL 32139		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Helen U. West</u> <u>Helen U. West</u> <u>4/10/07</u> <u>386-467-2533</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					