

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17869

FILED
Feb 17, 2009
Secretary of State

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

Current Principal Place of Business:

% NAYDA I. TORRES
3033 MCCARTY HALL/UOFF
GAINESVILLE, FL 326110310

New Principal Place of Business:

Current Mailing Address:

% NAYDA I. TORRES
3033 MCCARTY HALL/UOFF
GAINESVILLE, FL 326110310

New Mailing Address:

FEI Number: 23-7361930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, NAYDA I.
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326110310 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: JASINSKI, GLORIA
Address: 5562 CHARLESTON AVE
City-St-Zip: TAVARES, FL 32778

Title: VPD () Delete
Name: OSTERMAN, JACKIE
Address: 15813 OTTERWOOD AVE
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: STORTS, CAROLYN
Address: 39920 EMERALDO ISLAND ROAD
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: WEST, HELEN
Address: 104 LANDVALE, PO BOX 155
City-St-Zip: GEORGETOWN, FL 32139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEST, HELEN
Address: P. O.BOX 155
City-St-Zip: GEORGETOWN, FL 32139

Title: VPD (X) Change () Addition
Name: SCOTT, MAE
Address: 1000 VINCENT DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: SD (X) Change () Addition
Name: MEVERS, ANN
Address: 9014 130TH WAY
City-St-Zip: SEMINOLE, FL 33776

Title: T (X) Change () Addition
Name: OSTERMAN, JACKIE
Address: 18513 OTTERWOOD AVENUE
City-St-Zip: TAMPA, FL 33647

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: JACKIE OSTERMAN

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02/17/2009

Electronic Signature of Signing Officer or Director

Date