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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR -3 PM 5:56

DOCUMENT # **N46678** **(1)**

1. Corporation Name

FRATERNAL AND AUXILIARY ADVANCEMENT COALITION, I NC.

Principal Place of Business	Mailing Address
2033 MAIN STREET SUITE 600 SARSSOTA FL	2033 MAIN STREET SUITE 600 SARSSOTA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/24/1991**
3a. Date of Last Report: **04/27/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BARTLETT, CHARLES J.
2033 MAIN ST.
SUITE 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV QUATKEMEYER, BONNIE 1631 MYAKKA ROAD SARASOTA FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Quatekemeyer, Bonnie ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S FREY, MARGE 7228 EAST SHOEMAN LANE SCOTTSDALE AR	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DVC Thomas, Dale 2820 Leonard Street La Crosse, WI 54601 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GONZAGOWSKI, KATHERINE 3813 CLOVER LANE MADISON WI	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DC Gonzagowski, Katherine ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTT, EUGENE R.R. #2 BOX 80 JAMESTOWN ND	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Cyphers, Barbara 213 North Grinnell Jackson, MI 49202 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLCLOUGH, DOLORES 391 BONHAM ROAD CINCINNATI OH	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D Colclough, Dolores 2534 Proudhon Way Cincinnati, OH 45239 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOFFMAN, DOLORES 647 E 4TH STREET DELPHOS OH	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	T ~~Hoffman, Dolores~~ N/A ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Katherine L. Gonzagowski 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Electronic Version 3

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