

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46678 (1)

1. Corporation Name

FRATERNAL AND AUXILIARY ADVANCEMENT COALITION, INC.



Principal Place of Business

Mailing Address

**2033 MAIN STREET
SUITE 600
SARASOTA FL**

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SUITE 600
SARASOTA FL**

3. Date Incorporated or Qualified
12/24/1991

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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	D	<input type="checkbox"/> DELETE
NAME	QUATKEMEYER, BONNIE	
STREET ADDRESS	1631 MYAKKA ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FREY, MARGE	
STREET ADDRESS	7228 EAST SHOEMAN LANE	
CITY-ST-ZIP	SCOTTSDALE AR	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	GONZAGOWSKI, KATHERINE	
STREET ADDRESS	3813 CLOVER LANE	
CITY-ST-ZIP	MADISON WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTT, EUGENE	
STREET ADDRESS	R.R. #2 BOX 80	
CITY-ST-ZIP	JAMESTOWN ND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLCLOUGH, DOLORES	
STREET ADDRESS	2534 PROUDHON WAY	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, DALE	
STREET ADDRESS	2820 LEONARD ST	
CITY-ST-ZIP	LA CROSSE WI	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hoffman, Dolores
1.3 STREET ADDRESS	647 East 4th Street
1.4 CITY-ST-ZIP	Delphos, OH 45833
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cyphers, Barbara
2.3 STREET ADDRESS	213 North Grinnell
2.4 CITY-ST-ZIP	Jackson, ME 49202
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Williams, Pam
3.3 STREET ADDRESS	821 1/2 King St
3.4 CITY-ST-ZIP	LaCrosse, WI 54601
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DVC
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996 (608) 243-2239
Date Daytime Phone #

CR2E037 (12/95)