


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90164 013 ****61.25

DOCUMENT # N93000005766 1. Entity Name FLORIDA COALITION OF PROFESSIONAL LABORATORY ORGANIZATIONS, INC.					
Principal Place of Business 314 W JEFFERSON ST TALLAHASSEE, FL 32301			Mailing Address 314 W JEFFERSON ST TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # 122 15th Ave S.W.		3. Mailing Address 122 15th Ave S.W.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Largo, FL		City & State Largo, FL		4. FEI Number 65-0459826	
Zip 33770		Country USA		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 ALLEN, SANDRA E ESQ. 314 W JEFFERSON ST TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Linda Connolly Street Address (P.O. Box Number is Not Acceptable) 122 15th Ave S.W. City Largo FL Zip Code 33770		
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 <u>Linda Connolly</u> <u>Treasurer/Director</u> <u>4/22/07</u> <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 NAME STREET ADDRESS CITY-ST-ZIP	CD CONNELLY, LINDA 112 15TH AVE. SW LARGO, FL 33770	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Van Der Heyden, Brenda 2007 Deerfield Circle Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FULDAUER, VALERIE 9172 NW 21ST STREET CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID Connolly, Linda 122 15th Ave S.W. Largo, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN DER HEYDEN, BRENDA 2007 DEERFIELD CIRCLE NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Linda Connolly</u> <u>4/22/07</u> <u>727-224-3078</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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