NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Aug 20, 2002 8:00 am Secretary of State

DOCUN 1. Entity Name	MENT# N940000(•)5715	08-20-2002 90125 035 ****61.25					
Florida	Association of Suppo	ort Coordinators		/				
Ī	OO NOT WRITE	E IN THIS S	SPAC	E				
	ace of Business Jniversity Drive	3. Mailing Address PO Box 291567						
Suite, Apt. 4 Suite 206		Suite, Apt. #, etc.				OO NOT WRITE IN THIS SP		
City & State Plantation, FL		City & State Fort Lauderdale, FL			4. FEI Number 65	-0553183	Applied For Not Applicable	
^{Zip} 33324	Country USA	33329-1567	USA	intry	5. Certificate of Star	ius Desireu 🗀 Fe	8.75 Additional se Required	
			1	Name Dob	7. Name and Address	s of Current Registered A	gent	
	DO NOT-V	/RITE	_ <u></u>	Den	s:(P.O. Box Number is N	ot Acceptable)		
	IN THIS S			1141 SW	98 Terrace	98 Terrace		
©.				City	oroke Pines,	FL	Zip Code 33025-0911	
9 The above	named entity submits this statement	for the purpose of changing	its register				33023-0911	
SIGNATURE .	Signature, typed or printed name of registered age FEE IS \$61.25 Initial or Amended UBR	9. Election	(NOTE: Registere Campaign F nd Contribut		\$5.00 May Be Added to Fees	Make Check Department		
10.	, OFFICERS AND	DIRECTORS			<u> </u>			
TITLE NAME	CD Brad Hunt 4455 Casa Grande Dr		TITL NAM	ME				
STREET ADDRESS CITY+ST-ZIP	Milton FL 32583		CITY	Y-ST-ZIP	·- · · · · · · · · · · · · · · · · · ·			
TITLE NAME	VCD Dawn Hill		TITU NAM	ME				
STREET ADDRESS CITY-ST-ZIP	4361 Deering Street Mairanna FL 32446			Y-ST-ZIP				
TITLE NAME	SD Elizabeth Stuart		TETL NAI	ME				
STREET ADDRESS CITY-ST-ZIP	S 3180A Parrish St Cottondale, FL 32431_			REET ADDRESS Y-ST-ZIP	DO NOT WRITE			
TITLE NAME	TD Deborah Kahn 1141 SW 98 Terrace			le Me Reet address	IN THIS SPACE			
STREET ADDRESS CITY-ST-ZIP	Pembroke Pines FL 330	25	CIT	TY-ST-ZIP				
TITLE NAME	D Becky Marks		TITI NAI	ME				
STREET ADDRESS CITY+ST+ZIP	4214 Summerdale Dr Tampa FL 33624			REET ADDRESS TY-ST-ZIP				
TITLE NAME	D Thomas McCarthy		THT NA	LE IME				
STREET ADDRESS CITY-ST-ZIP	Miami, FL 33168		CIT	REET ADDRESS TY-ST-ZIP				
indicated of the co attachme	certify that the information supplied of on this report or supplemental report or supplemental report or the receiver or trustee eent with an address with all other like	rt is true and accurate and t impowered to execute this i					s in Block 10 or on an	
SIGNAT	FURE! A SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OF	ice of the	L-GR	9/-//	Date De	yume Phone #	

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Attackment B0134600

	NIFORM BUSII		T/UI	3R)	····-			
DOCUI	MENT # N94000	005715						
	Association of Sup	port Coordinators	(page 2	2012				
<u>.</u>	DO NOT WRIT	TE IN THIS S	SPAC	E				
	lace of Business	3. Mailing Address	. <u> </u>					
1333 S. University Drive Suite, Apt. #, etc.		PO Box 291567 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SE	PACE	
Suite 206 City & State Plantation, FL		City & State Fort Lauderdale	City & State Fort Lauderdale, FL			4. FEI Number 65-0553183 Applied For Not Applicate		
Zip 33324	Country USA 33329-1567			intry	5. Certificate of Sta	5. Certificate of Status Desired S8.75 Additional Fee Required		
·				Name Deb	7. Name and Addre	ss of Current Registered	Agent	
<u> </u>	DO-NOT-			Street Address (P.O. Box Number is Not Acceptable)				
á.	IN THIS	SPACE		1141 SW 98 Terrace				
. The above named entity submits this statement for the purpose of changing its re				Penn	Pembroke Pines, FL 330			
. The above	Harried entity Salarina and Stateline	including purposes of onenging	, · · · · · · · · · · · · · · · · ·					
IGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (7	NOTE: Registere	d Agent signature req	uired when reinstating)	DAIL		
FEE IS \$61.25 9. Election Campaig Initial or Amended UBR Trust Fund Contr					\$5.00 May Be Added to Fees	Make Check Departmen		
O. Tle	OFFICERS AN	D DIRECTORS	חזננ	E				
AME IREET ADORESS TY-ST-ZIP	D David Alexander 820 Australian St Merritt Island FL 32953	i.		EET ADDRESS '-ST-ZIP				
TLE Ame Treet address				I				
TLE AME TREET ADDRESS			TITLE	E	DO	NOT WEI	re	
TY:ST-ZIP—			CITY	'-SI-ZIP E		NOT WRIT		
ame Treet address Ity-st-zip				EET ADDRESS '-ST-ZIP	HV	THO OF AC		
TLE AME TREET ADDRESS ITY-ST-ZIP				- 1				
ITLE IAME TREET ADORESS		11 MA W	- 1					
	certify that the information supplied to nothis report or supplemental reporation or the receiver or trustee and with an appress, with all other limits to the receiver of the receiver of trustee and the receiver of the rec	fillet		emption stated in ture shall have to uired by Chapte	n Section 119.07(3)(i), Flo the same legal effect as i er 617, Florida Statutes;	orida Statutes. I further certification of the following funder oath; that I at and that my name appears	fy that the information in an officer or director in Block 10 or on an i	