

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90040 011 \*\*\*\*61.25

<b>DOCUMENT # N94000005715</b>						
<b>1. Entity Name</b> FLORIDA ASSOCIATION OF SUPPORT COORDINATORS, INC.						
<b>Principal Place of Business</b> C/O ADVOCATES FOR OPPORTUNITY, INC. 1333 S. UNIVERSITY DRIVE, SUITE 206 PLANTATION, FL 33324 US			<b>Mailing Address</b> C/O ADVOCATES FOR OPPORTUNITY, INC. 1333 S. UNIVERSITY DRIVE, SUITE 206 PLANTATION, FL 33324 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0553183		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  KAHN, DEBORAH C/O ADVOCATES FOR OPPORTUNITY, INC. 1333 S. UNIVERSITY DRIVE, SUITE 206 PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;">                 8/15/2007  <small>DATE</small> </div> </div>						
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	CHD ALEXANDER, DAVID 820 AUSTRALIA ST MERRITT ISLAND, FL 32953		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	CHD Janice Phillips 1831 Fiddler Court Tallahassee, FL 32308	
VCD MARKS, REBECCA 13902 NORTH DALE MABRY HIGHWAY TAMPA, FL 336182415		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD PUMPHREY, MARTHA 13879 INTRACOASTAL SOUND DR JACKSONVILLE, FL 32224		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD SYMON, LORRAINE C/O 1333 S UNIVERSITY DR, STE 206 PLANTATION, FL 33324		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
[Empty]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
[Empty]		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>						
<b>SIGNATURE:</b> Lorraine Symon						
Date: 8/15/07 Daytime Phone #: 954 452 3939						