

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005715

FILED
May 01, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SUPPORT COORDINATORS, INC.

Current Principal Place of Business:

C/O ADVOCATES FOR OPPORTUNITY, INC.
1333 S. UNIVERSITY DRIVE, SUITE 206
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

C/O ADVOCATES FOR OPPORTUNITY, INC.
1333 S. UNIVERSITY DRIVE, SUITE 206
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0553183 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KAHN, DEBORAH
C/O ADVOCATES FOR OPPORTUNITY, INC.
1333 S. UNIVERSITY DRIVE, SUITE 206
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CHD () Delete
Name: PHILLIPS, JANICE
Address: 1831 FIDDLER COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: VCD () Delete
Name: MARKS, REBECCA
Address: 13902 NORTH DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 336182415

Title: SD () Delete
Name: PUMPHREY, MARTHA
Address: 13879 INTRACOASTAL SOUND DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD () Delete
Name: SYMON, LORRAINE
Address: C/O 1333 S UNIVERSITY DR, STE 206
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE SYMON

TREA

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date