2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 01, 2006 8:00 am **Secretary of State** DOCUMENT # N96000002704 1. Entity Name 03-01-2006 90028 003 ****61.25 FLORIDA COIN LAUNDRY ASSOCIATION, INC. Principal Place of Business Mailing Address 4226 20TH STREET 4226 20TH STREET VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address 1031 18th St 1031 18th St Suite, Apt. #, etc. Swte H Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) oute H City & State City & State Applied For 4. FEI Number ero Beach Fc 65-0693611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -hodes -Tom SMITH, REYNOLDS Street Address (P.O. Box Number is Not Acceptable) 4226 20TH STREET VERO BEACH FL 32960 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. 2-16-06 FILE NOW: FEE: IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Rhodes Thomas II 1031 18th St Ste H Vero Beach, FL 32960 TITLE TITLE Delete SMITH, REYNOLDS W NAME 4226 20TH ST STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP Rhodes Thomas 1031 18th St Stet VD Change ■ Addition TITLE ☐ Delete TITLE RHODES, THOMAS NAME NAME 1031 18TH ST SUITE 4 STREET ADDRESS STREET ADDRÉSS Vero Beach, FL32960 VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition COWLES, THOMAS NAME NAME STREET ADDRESS 2838 ELIZABETH PLACE STREET ADDRESS CITY-ST-7IP LAKELAND FL 33813 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Thomas T. Rhodes I

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