

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90064 026 \*\*\*\*61.25

**DOCUMENT # N96000002704**

1. Entity Name  
FLORIDA COIN LAUNDRY ASSOCIATION, INC.



Principal Place of Business  
1031 18TH ST STE H  
VERO BEACH, FL 32960

Mailing Address  
1031 18TH ST STE H  
VERO BEACH, FL 32960



03082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0693611

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RHODES, TOM  
1031 18TH ST STE H  
VERO BEACH, FL 32960

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RHODES, THOMAS II  
STREET ADDRESS 1031 18TH ST STE H  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VD  
NAME RHODES, THOMAS  
STREET ADDRESS 1031 18TH ST SUITE 4  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE STD  
NAME HOLLAND, BETTY  
STREET ADDRESS 196 N MOWRY DR  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Thomas T Rhodes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07  
Date

772 770 9457  
Daytime Phone #