



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N96000002704</b> 1. Entity Name FLORIDA COIN LAUNDRY ASSOCIATION, INC.	
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Principal Place of Business 1031 18TH ST STE H VERO BEACH, FL 32960	Mailing Address 1031 18TH ST STE H VERO BEACH, FL 32960
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**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0693611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, THOMAS II 1031 18TH ST STE H VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RHODES, THOMAS 1031 18TH ST SUITE 4 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLAND, BETTY 196 N MOWRY DR HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000896765  
04/25/08-80021-007 61.25

**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:**  **4/9/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS T. RHODES