

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90009 004 ****61.25

DOCUMENT # N96000002729

1. Entity Name

VOLUNTEER FLORIDA!, INC.



Principal Place of Business

**115 PROGRESS DR.
TALLAHASSEE FL 32304**

Mailing Address

**115 PROGRESS DR.
TALLAHASSEE FL 32304**

2. Principal Place of Business

401 S. MONROE ST.

Suite, Apt. #, etc.

3. Mailing Address

401 S. MONROE ST.

Suite, Apt. #, etc.

City & State

Tallahassee, FL.

Zip

32301

Country

LEDN

City & State

Tallahassee, FL.

Zip

32301

Country

LEDN

4. FEI Number

31-1467424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANGUILIANO, FRÉDERICK
115 PROGRESS DR
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name

LIZA MCFADDEN

Street Address (P.O. Box Number is Not Acceptable)

401 S. MONROE ST.

City

Tallahassee

FL

Zip Code

32301

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

LIZA MCFADDEN, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, ALFRED	
STREET ADDRESS	1050 CARIBBEAN WAY	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, PATRICK G	
STREET ADDRESS	300 S. PARK RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	AA	<input type="checkbox"/> Delete
NAME	SANJUAN, MARIA T	
STREET ADDRESS	SUITE 1200 ONE FINANCIA PLAZA	
CITY-ST-ZIP	FORT LAUDERDALE FL 33394	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WEINRICH, CARL L	
STREET ADDRESS	ONE S. SCHOOL AVE.	
CITY-ST-ZIP	SARASOTA FL 34297	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TUBBS, LEVESTER	
STREET ADDRESS	12424 RESEARCH PKWY SUITE 100	
CITY-ST-ZIP	ORLANDO FL 32416	
TITLE	CH	<input type="checkbox"/> Delete
NAME	BISHOP, BARNEY T III	
STREET ADDRESS	501 E TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

LIZA MCFADDEN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #