

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90058 050 ****61.25

DOCUMENT # N99000001880 1. Entity Name FLORIDA QUALITY COUNCIL, INC.			
Principal Place of Business 660 US HIGHWAY 1 NORTH PALM BEACH, FL 33408		Mailing Address C/O JAKE COST 660 US HIGHWAY 1 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business 11727 Magnolia Falls Dr Suite, Apt. #, etc.		3. Mailing Address P O Box 150613 Suite, Apt. #, etc.	
City & State Jacksonville FL Zip 32258 Country		City & State Altamonte Springs FL Zip 32715-0613 Country	
4. FEI Number 65-0912144		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNETTE, NANCY A 6545 CORPORATE CENTER BLVD. ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCHUGH, MARTIN E 10151 DEERWOOD PARK BLVD JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Debra S. Brown 1618 High Point Road Snellville GA 30078 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAILY, SUSAN S 10401 DEERWOOD PARK BLVD. JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/P Jacqueline Dreyer 12025 Bennett Court Glen Allen VA 23059 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARROW, JEWEL E 9860 4TH ST., N. STE 307 SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Susan S Dailey 11727 Magnolia Falls Dr Jacksonville FL 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, DEBRA S 1618 HIGHPOINT ROAD SNELLVILLE, GA 30078 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mark Gilbert 2813 Summer Swan Dr. Orlando FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSBURG, JOEL 767 S. SR 7, STE 21 MARGATE, FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jewel E. Barrow 9860 4th St. N, Ste 307 Saint Petersburg FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COST, MARJORIE J 13128 COASTAL CIR PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sonja Grant Wheeler 551 sandy Hook Rd Treasure Island FL 33706 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Susan S Dailey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/22/06</u> Daytime Phone # <u>9042924527</u>	