

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90030 008 ****61.25

DOCUMENT # N99000001880

1. Entity Name
FLORIDA QUALITY COUNCIL, INC.



Principal Place of Business
11727 MAGNOLIA FALLS DRIVE
JACKSONVILLE, FL 32258

Mailing Address
P.O. BOX 150613
ALTAMONTE SPRINGS, FL 32715-0613

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0912144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETTE, NANCY A
6545 CORPORATE CENTER BLVD.
ORLANDO, FL 32822

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BROWN, DEBRA S
STREET ADDRESS 1618 HIGH POINT ROAD
CITY-ST-ZIP SNELLVILLE, GA 30078

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS Jacqueline Dreyer
CITY-ST-ZIP 12025 Bennett Court
Glen Allen VA 23059

TITLE VPD ☒ Delete
NAME DREYER, JACQUELINE
STREET ADDRESS 12025 BENNET COURT
CITY-ST-ZIP GLEN ALLEN, VA 23059

TITLE ☐ Change ☒ Addition
NAME V D
STREET ADDRESS Debra S Brown
CITY-ST-ZIP 1618 High Point Road
Snellville GA 30078

TITLE TD ☐ Delete
NAME DAILEY, SUSAN S
STREET ADDRESS 11727 MAGNOLIA FALLS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME GILBERT, MARK
STREET ADDRESS 2813 SUMMER SWAN DDRIVE
CITY-ST-ZIP ORLANDO, FL 32825

TITLE SD ☐ Change ☐ Addition
NAME Chris McLain
STREET ADDRESS 3028 SW 91st Terrace
CITY-ST-ZIP Gainesville FL 32608

TITLE D ☐ Delete
NAME BARROW, JEWEL E
STREET ADDRESS 9860 4TH ST. N., SUITE 307
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GRANT WHEELER, SONJA
STREET ADDRESS 557 SANDY HOOK ROAD
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE D ☐ Change ☒ Addition
NAME Matt Fair
STREET ADDRESS 4340 Sandhurst Drive
CITY-ST-ZIP Orlando FL 32817

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 Susan S Dailey 1/29/07