


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90040 048 \*\*\*\*61.25

<b>DOCUMENT # N99000001880</b> 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 # <b>3028 SW 91st Terrace</b>			3. Mailing Address  		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Gainesville FL</b>			City & State		
Zip <b>32608</b>		Country <b>US</b>		4. FEI Number <b>65-0912144</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BARNETTE, NANCY A</b> <b>6545 CORPORATE CENTER BLVD.</b> <b>ORLANDO, FL 32822</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BROWN, DEBRA S 1618 HIGH POINT ROAD SNELLVILLE, GA 30078	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Chris mclain 3028 SW 91st Terrace Gainesville FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DREYER, JACQUELINE 12025 BENNET COURT GLEN ALLEN, VA 23059	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Sherri Neal PO Box 2754 Dunnellon FL 34430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DAILEY, SUSAN S 11727 MAGNOLIA FALLS DRIVE JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Matt Fair 10151 Deerwood Park Blvd Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCLAIN, CHRIS 3028 SW 91ST TERRACE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>SD</del> Jeanne Delormier 1551 Sawgrass Corp. Pkwy Ste 400 Sunrise FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARROW, JEWEL E 9860 4TH ST. N., SUITE 307 SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sharon Licamara 2234 Discovery Circle W Deerfield Bch FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAIR, MATT 4340 SANDHURST DRIVE ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Susan Speelman 5943 B. Calais Way Orlando FL 32822	<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.					
<b>SIGNATURE:</b> <u>Susan S Dailey</u>			Date <u>1/3/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					