

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732665

Entity Name: FLORIDA VOLUNTEERS, INCORPORATED**Current Principal Place of Business:**3545 LAKE BREEZE DRIVE
ORLANDO, FL 32808**Current Mailing Address:**3545 LAKE BREEZE DRIVE
ORLANDO, FL 32808 US**FEI Number:** 59-1626348**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRIDGER, ROB
407 MAIN TRAIL
ORMOND BEACH, FL 32174 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BRIDGER, ROB
Address	407 MAIN TRAIL
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	ELLIS, MARIA
Address	12307 W. COLONIAL DR., STE. 102
City-State-Zip:	WINTER GARDEN FL 34787

Title	VPD
Name	GELLER, PAULETTE
Address	545 BROOKSIDE CIR
City-State-Zip:	MAITLAND FL 32751

Title	T
Name	ROBERTSON, SHELLEY
Address	6725 LAKE CARLISLE
City-State-Zip:	ORLANDO FL 32829

Title	D
Name	MERRIAM, SHERI
Address	1102 MONTCALM ST.
City-State-Zip:	ORLANDO FL 32806

Title	S
Name	CORSI, NINA
Address	495 N. KELLER RD., STE. 200
City-State-Zip:	MAITLAND FL 32751

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROB BRIDGER

PD

02/14/2013

Electronic Signature of Signing Officer/Director Detail_____
Date