# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2004**
**Secretary of State**

DOCUMENT# 708602

**Entity Name:** THE FLORIDA RESTAURANT ASSOCIATION, INC.

**Current Principal Place of Business:**

230 S. ADAMS ST.
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1779
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

**FEI Number: 59-0571930** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOVER, CAROL B
230 S. ADAMS ST.
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | DST | ( ) Delete |
| Name: | PATRICK, MARY | |
| Address: | 8229 CHATHAM POINTE COURT | |
| City-St-Zip: | ORLANDO, FL 32835 | |
| Title: | D | ( ) Delete |
| Name: | JORDAN, DEBBIE | |
| Address: | 2111 BRANEM AVE. | |
| City-St-Zip: | FORT MYERS, FL 33901 | |
| Title: | D | (X) Delete |
| Name: | HILL, CHARLES B | |
| Address: | 795 N SPRING GARDEN AVE | |
| City-St-Zip: | DELAND, FL 32720 | |
| Title: | DC | (X) Delete |
| Name: | ENEA, DANIEL M | |
| Address: | 2655 NE 189 ST | |
| City-St-Zip: | MIAMI, FL 33180 | |
| Title: | DC | (X) Delete |
| Name: | GRAYSON, JEFF | |
| Address: | 313 MACARTHUR PL. | |
| City-St-Zip: | MAITLAND, FL 32751 | |
| Title: | P | ( ) Delete |
| Name: | DOVER, CAROL B | |
| Address: | 534 DOVER RD | |
| City-St-Zip: | HAVANA, FL 32333 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | C | (X) Change ( ) Addition |
| Name: | MCALEAVEY, SHANNON | |
| Address: | 5900 LAKE ELLENOR DRIVE | |
| City-St-Zip: | ORLANDO, FL 32809 | |
| Title: | ST | (X) Change ( ) Addition |
| Name: | ENGLAND, CHESTER | |
| Address: | 5505 BLUE LAGOON DR | |
| City-St-Zip: | MIAMI, FL 33157 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROL DOVER P 03/17/2004

Electronic Signature of Signing Officer or Director — Date