2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# 708602

Entity Name: THE FLORIDA RESTAURANT & LODGING 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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: C ( ) Delete
Name: VOJNOVIC, NICK
Address: 5510 W LA SALLE STREET SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: VC ( ) Delete
Name: TOSUN, RIP
Address: PO BOX 428
City-St-Zip: ISLAMORADA, FL 33036

Title: P (X) 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: TOSUN, RIP
Address: 1815 5TH PLACE
City-St-Zip: VERO BEACH, FL 32962

Title: P (X) Change ( ) Addition
Name: DOVER, CAROL B
Address: 534 DOVER ROAD
City-St-Zip: HAVANA, FL 32333

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 05/01/2007

Electronic Signature of Signing Officer or Director — Date