

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708602

FILED  
Apr 13, 2009  
Secretary of State

**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 ( )**

**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: GREIST, KIPPER  
Address: 1203 TOWN CENTER DRIVE #202  
City-St-Zip: JUPITER, FL 33458

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

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

Title: C (X) Change ( ) Addition  
Name: HAAS, ANDREW  
Address: 305 CAMBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

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

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date