2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 716469

Entity Name: FLORIDA NATIONAL PARKS & MONUMENTS ASSOCIATION, INC.

Current Principal Place of Business:

10 PARACHUTE KEY #51
HOMESTEAD, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

10 PARACHUTE KEY #51
HOMESTEAD, FL 33034 US

New Mailing Address:

FEI Number: 59-0916076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGLETARY, CAULION
C/O FLORIDA NATIONAL PARKS & MON ASSN
10 PARACHUTE KEY #51
HOMESTEAD, FL 33034 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: D ( ) Delete
Name: SPINELLI, FRANK DDS
Address: 83 NW 8TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete
Name: JACOBSEN, MARLOW
Address: 144 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete
Name: IVY, CURTIS R J
Address: 190 NW 29TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete
Name: SIMMONS, KEITH F
Address: 13300 SW 105TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: KELLEY, DR. ROBERT
Address: UNIV. OF MIAMI, BOX 249085
City-St-Zip: CORAL GALBES, FL 33124

Title: D ( ) Delete
Name: LYNN, JOHN
Address: 48 NE 15TH STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: CAULION SINGLETARY O 01/28/2009

Electronic Signature of Signing Officer or Director Date