

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006350

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** THE ORIGINAL FLORIDA TOURISM EDUCATION GROUP, INC.

**Current Principal Place of Business:**

2009 NW 67TH PL  
GAINESVILLE, FL 326531603 US

**New Principal Place of Business:**

**Current Mailing Address:**

2009 NW 67TH PL  
GAINESVILLE, FL 326531603 US

**New Mailing Address:**

**FEI Number:** 20-5041018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOONS, SCOTT R  
2009 NW 67TH PL  
GAINESVILLE, FL 326531603 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:** P  
**Name:** CREAMER, DONNA  
**Address:** 4859 NW 50TH AVE  
**City-St-Zip:** BELL, FL 32619 US

**Title:** VP  
**Name:** PORTWOOD, PAM  
**Address:** 1184 MLK JR MEMORIAL RD  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 US

**Title:** S/T  
**Name:** VEES, CINDY  
**Address:** 860 SE BAKER AVE  
**City-St-Zip:** MADISON, FL 32340 US

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:** DONNA CREAMER

P

04/18/2012

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

\_\_\_\_\_  
Date