## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012820

FILED Apr 29, 2009 Secretary of State

Entity Name: FPCA EDUCATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1971 WEST LUMSDEN ROAD SUITE 317 BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

1971 WEST LUMSDEN ROAD SUITE 317 BRANDON, FL 33511

FEI Number: 20-8066270 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RIVELLINI, PETER A. 911 CHESTNUT ST. CLEARWATER, FL 33756 US

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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 SHIMP, EARL
 Name:
 SWITZER, GLEN

 Address:
 402 ZOO PARKWAY
 Address:
 402 ZOO PARKWAY

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:
 JACKSONVILLE, FL 32226

Title: DS ( ) Delete Title: DT (X) Change ( ) Addition Name: BROILS, ROBIN Name: BROILS, ROBIN

 Name:
 BROILS, ROBIN
 Name:
 BROILS, ROBIN

 Address:
 P.O. BOX 9303
 Address:
 P.O. BOX 9303

 City-St-Zip:
 FT MYERS, FL 33902
 City-St-Zip:
 FT MYERS, FL 33902

Name: SWITZER, GLEN Name: LORD, JOSEPH

 Address:
 11325 CR 44E
 Address:
 1711 CHAPEL TREE CIRCLE

 City-St-Zip:
 LEESBURG, FL 34788
 City-St-Zip:
 BRANDON, FL 33511

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: JOSEPH LORD D 04/29/2009