

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N07000002666

Entity Name: FLORIDIANS FOR PROPERTY TAX REFORM, INC.

Current Principal Place of Business:

545 E TENNESSEE STREET
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

545 E TENNESSEE STREET
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-8630072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, JOHN I
545 E TENNESSEE STREET
TALLAHASSEE, FL 32308 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: MALLEA, JOSE
Address: 545 E TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: LONG, DEAN
Address: 545 E TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: YARBOURGH, JAMIE
Address: 545 E TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: HARRISON, JOHN I
Address: 545 E TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32308

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:

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: JOSE MALLEA

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date