

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007635

FILED
Feb 13, 2012
Secretary of State

Entity Name: FLORIDA PROSPERITY PARTNERSHIP, INC.

Current Principal Place of Business:

180 PINEHURST POINTE DR
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

180 PINEHURST POINTE DR
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 27-0905144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMITZ, KAYE D
180 PINEHURST POINTE DR
ST AUGUSTINE, FL 32092 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: MRS
Name: HAMER, JANET BOARD
Address: 800 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MRS
Name: LEVINE, DANIELLA BOARD
Address: 1900 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132 US

Title: MRS
Name: BERNARD-BASTIEN, SANDRA BOARD
Address: 6600 W. COMMERCIAL BOULEVARD
City-St-Zip: LAUDERHILL, FL 33319 US

Title: MR
Name: GRANGER, TED BOARD
Address: 307-B EAST SEVENTH STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MRS
Name: QUINLAN, MAUREEN BOARD
Address: 1401 NE 2ND STREET
City-St-Zip: OCALA, FL 34470 US

Title: MR
Name: SMITH, MIKE BOARD
Address: 6108 NORTH HIGHWAY 98
City-St-Zip: LAKELAND, FL 33805 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: KAYE D. SCHMITZ

PRES

02/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date