


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90173 020 ****70.00

DOCUMENT # N44931	
1. Entity Name FLORIDA RECORDS MANAGEMENT ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 7854 ST. PETERSBURG, FL 33734	Mailing Address P. O. BOX 7854 ST. PETERSBURG, FL 33734
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40049736



2. Principal Place of Business - No P.O. Box # 5790 Margate Blvd	3. Mailing Address PO Box 938844
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01222007 Chg-NP CR2E037 (12/06)

City & State Margate FL	City & State Margate FL
Zip 33063	Zip 33093-8844
Country USA	Country USA

4. FEI Number 59-3111680	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, JUDITH A
1527 5TH ST. N.
A-2
ST. PETERSBURG, FL 33734

7. Name and Address of New Registered Agent

Name Debra Doré-Thomas

Street Address (P.O. Box Number is Not Acceptable)

5790 Margate Blvd

City Margate FL Zip Code 33063

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Debra Doré-Thomas
DEBRA DORÉ-THOMAS

4-2-2007

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MIXON, JO ANN 501 BAY ISLES ROAD LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SORENSEN, JARED 312 W. MAIN ST. TAVVERES, FL 32778	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COLE, JUDITH A 1527 5TH ST. N., A-2 ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED INGRAM, KIMBERLY 14155 49TH ST. N. CLEARWATER, FL 33762	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED MATTHEWS, ARCHIE P. O. BOX 600 GAINESVILLE, FL 32602	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED JONES, JULIA 300 S. ADAMS ST. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gloria Lewis 4049 Reid Street Palatka FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Debra Doré-Thomas 5790 Margate Blvd Margate FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Debra Doré-Thomas
DEBRA DORÉ-THOMAS

4-2-2007

954-935-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #