

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019651

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA ACADEMY FOR MANAGEMENT EXECUTIVES, INC.

**Current Principal Place of Business:**

3236 WHITNEY DRIVE EAST  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 15106  
TALLAHASSEE, FL 323171506

**New Mailing Address:**

**FEI Number:** 20-4928006      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COX, BARBARA A  
3236 WHITNEY DR. EAST  
TALLAHASSEE, FL 32309      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: COX, CMP, BARBARA A  
Address: 3236 WHITNEY DR. EAST  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP      ( ) Delete  
Name: GABRIELLE, DONNA  
Address: 8440 AUGUSTWOOD LANE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: T      ( ) Delete  
Name: VIKER, DACQUES  
Address: 3502 LIMMERICK  
City-St-Zip: TALLALHASSEE, 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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA ANN COX

PRES

04/15/2009

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

\_\_\_\_\_ Date