

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763321 (7)
1. Corporation Name
THE FLORIDA RECREATION AND PARK ASSOCIATION, INC



Principal Place of Business Mailing Address
**411 OFFICE PLAZA DR
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified **05/17/1982** 3a. Date of Last Report **01/23/1995**
4. FEI Number **23-7413123** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**EKWALL, ELEANOR
411 OFFICE PLAZA DR.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☒ DELETE
NAME **P BEELER, CHERYL**
STREET ADDRESS **215 STONE BLDG FSU**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**
TITLE ☐ DELETE
NAME **T ROTHENBACH, WALT**
STREET ADDRESS **6700 CLARK ROAD**
CITY-ST-ZIP **SARASOTA FL**
TITLE ☒ DELETE
NAME **D KEEFE, DAN**
STREET ADDRESS **524 NE 21ST COURT**
CITY-ST-ZIP **WILTON MANORS FL**
TITLE ☐ DELETE
NAME **S DAVIS, MARY A**
STREET ADDRESS **1450 16TH STREET NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**
TITLE ☐ DELETE
NAME **P PERSON, STEVE**
STREET ADDRESS **1350 W BROWARD BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**
TITLE ☐ DELETE
NAME **ED EKWALL, ELEANOR J**
STREET ADDRESS **411 OFFICE PLAZA DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P Barbara Manzo**
1.3 STREET ADDRESS **3410 Palm Beach Blvd.**
1.4 CITY-ST-ZIP **Ft Myers, FL 33916**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D Julia Becker**
3.3 STREET ADDRESS **320 E Monument Avenue**
3.4 CITY-ST-ZIP **Kissimmee FL 34741**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eleanor J. Ekwall Eleanor J. Ekwall 1/19/96 904-878-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)