

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763321

FILED
Jan 07, 2006
Secretary of State

Entity Name: THE FLORIDA RECREATION AND PARK ASSOCIATION, INC.

Current Principal Place of Business:

411 OFFICE PLAZA DR
TALLAHASSEE, FL 323012756

New Principal Place of Business:

Current Mailing Address:

411 OFFICE PLAZA DR
TALLAHASSEE, FL 323012756

New Mailing Address:

FEI Number: 23-7413123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEANOR, WARMACK
411 OFFICE PLAZA DR.
TALLAHASSEE, FL 323012756 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: VP () Delete
Name: SHEETS, JIM
Address: 9100 113TH STREET
City-St-Zip: SEMINOLE, FL 33772

Title: PP () Delete
Name: PALUS, KAREN
Address: 1420 TAMPA STREET
City-St-Zip: TAMPA, FL 33602

Title: PE () Delete
Name: OWEN, TERRI
Address: 902 VANDERBILT DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: P () Delete
Name: SMITH, ELAINE
Address: 12140 RANDEE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP () Delete
Name: SCOTT, GREGG
Address: 1201 SILAS DRIVE
City-St-Zip: LIVE OAK, FL 32064

Title: ED () Delete
Name: ELEANOR WARMACK,
Address: 411 OFFICE PLAZA DR.
City-St-Zip: TALLAHASSEE, FL 323012756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: MESSLER, TERRI
Address: 3900 COMMONWEALTH BLVD.
City-St-Zip: TALLAHASSEE, FL 32399

Title: P (X) Change () Addition
Name: OWEN, TERRI
Address: 11817 WATTS COURT
City-St-Zip: TAVARES, FL 32778

Title: PP (X) Change () Addition
Name: SMITH, ELAINE
Address: 12140 RANDEE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654

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 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: ELEANOR WARMACK

ED

01/07/2006

Electronic Signature of Signing Officer or Director

Date