2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001531

Entity Name: FAIRDISTRICTSFLORIDA.ORG, INC.

FILED Mar 03, 2009 Secretary of State

ipal Place of Business:
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704 WEST MADISON STREET TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

704 WEST MADISON STREET 3182 MUNROE DRIVE TALLAHASSEE, FL 32304 MIAMI, FL 33133

FEI Number: 20-5194510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FREIDIN, ELLEN FREIDIN, ELLEN RA
3182 MUNROE DRIVE 3182 MUNROE DRIVE
MIAMI, FL 33133 US MIAMI, FL 33133 US

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: ELLEN FREIDIN 03/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change (X) Addition RUMBERGER, THOM PRES. Name: Name: Address: Address: 215 S. MONROE ST City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32301 Title: Title: () Change (X) Addition () Delete FREIDIN, ELLEN SECTY. Name: Name: Address: Address: 3182 MUNROE DRIVE City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: () Change (X) Addition Name: DOLL, DIANE TREAS. Name: 6753 THOMASVILLE RD., STE 108-323 Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: MR. () Change (X) Addition FREIDIN, PHILIP DIR. Name: Name: 2 SO. BISCAYNE BLVD Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: () Change (X) Addition DARTLAND, WALT DIR. Name: Name: 2086 WILDRIDGE DR. Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: () Change (X) Addition BURCH FORT, PAMELA DIR. Name: Name: Address: Address: 104 SO. MONROE ST. TALLAHASSEE, FL 32301 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN FREIDIN SECT 03/03/2009