

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006350

**Entity Name:** THE ORIGINAL FLORIDA TOURISM EDUCATION GROUP, INC.

**Current Principal Place of Business:**

2009 NW 67TH PL  
GAINESVILLE, FL 32653-1603

**Current Mailing Address:**

2009 NW 67TH PL  
GAINESVILLE, FL 32653-1603 US

**FEI Number:** 20-5041018

**Certificate of Status Desired:** No

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

KOONS, SCOTT R  
2009 NW 67TH PL  
GAINESVILLE, FL 32653-1603 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CREAMER, DONNA  
Address 4859 NW 50TH AVE  
City-State-Zip: BELL FL 32619

Title VP  
Name PORTWOOD, PAM  
Address 1184 MLK JR MEMORIAL RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title S/T  
Name VEES, CINDY  
Address 860 SE BAKER AVE  
City-State-Zip: MADISON FL 32340

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONNA CREAMER

**PRESIDENT**

**04/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date