

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 706819 (0)

1. Corporation Name

FLORIDA INSTITUTE OF PARK PERSONNEL, INC.



Principal Place of Business

Mailing Address

10900 SR 703
~~P.O. DRAWER 6~~
NORTH PALM BEACH FL 33408
US

10900 SR 703
~~P.O. DRAWER 6~~
NORTH PALM BEACH FL 33408-3440
US

3. Date Incorporated or Qualified
02/11/1964

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 10900 SR 703

26 10900 SR 703

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State

City & State

23 NORTH PALM BEACH, FL

28 NORTH PALM BEACH, FL

Zip

Country

Zip

Country

24 33408

25 USA

29 33408

30 USA

4. FEI Number

59-6194362

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, JON M
10900 SR 703
18081 185TH RD
N PALM BEACH FL 33408

81 Name

ROBINSON, JON M

82 Street Address (P.O. Box Number is Not Acceptable)

10900 S.R. 703

83

84 City

N. PALM BEACH

FL

85 Zip Code

33408

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

Jon M Robinson

JON M ROBINSON, TREASURER

4-17-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FERRIS, RANDY
STREET ADDRESS 118 W KALEY STREET
CITY-ST-ZIP ORLANDO FL

☒ DELETE

1.1 TITLE PRESIDENT / DIRECTOR
1.2 NAME PHILLIPS, RANDY
1.3 STREET ADDRESS 2700 6TH AVE S
1.4 CITY-ST-ZIP LAKE WORTH FL

☐ Change ☐ Addition

TITLE PE
NAME PHILLIPS, RANDY
STREET ADDRESS 2700 6TH AVE S
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME ROBINSON, JON M
STREET ADDRESS 10900 S R 703
CITY-ST-ZIP NORTH PALM BEACH FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME LACOSTA, GEORGE
STREET ADDRESS 3099 MEDINA CIRCLE
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

4.1 TITLE DIRECTOR
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)