


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90027 002 ****61.25

DOCUMENT # 706819	
1. Entity Name FLORIDA INSTITUTE OF PARK PERSONNEL, INC.	

Principal Place of Business PO BOX 212077 ROYAL PALM BEACH, FL 33706 US	Mailing Address PO BOX 212077 ROYAL PALM BEACH, FL 33706 US
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2. Principal Place of Business - No P.O. Box # 10015 74th Ave N	3. Mailing Address
Suite, Apt. #, etc. Seminole FL	Suite, Apt. #, etc.
City & State	City & State
Zip 33777	Country Pineellas

01172007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
SEATON, JESSICA 10015 74TH AVE. N. SEMINOLE, FL 33777	

4. FEI Number 59-6194362	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P Delete <input checked="" type="checkbox"/>	TITLE	P Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	PHILLIPS, RANDY	NAME	Fred Stager
STREET ADDRESS	2401 SE MONTEREY RD	STREET ADDRESS	10015 74th Ave N
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	Seminole, FL 33777
TITLE	D Delete <input checked="" type="checkbox"/>	TITLE	V Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	SINGLETON, JAMES	NAME	Mark Lynch
STREET ADDRESS	225 NEWBURYPORT AVE.	STREET ADDRESS	2990 SE Dixie Hwy
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP	Stuart, FL 34997
TITLE	D Delete <input type="checkbox"/>	TITLE	T Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SEATON, JESSICA	NAME	Jessica Seaton
STREET ADDRESS	10015 74TH AVE. N.	STREET ADDRESS	10015 74th Ave N
CITY-ST-ZIP	SEMINOLE, FL 33777	CITY-ST-ZIP	Seminole, FL 33777
TITLE	D Delete <input checked="" type="checkbox"/>	TITLE	
NAME	JEFFRIES, HOWARD	NAME	
STREET ADDRESS	P.O. BOX 1788	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32772	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <u>Jessica Seaton</u>	<u>1-17-07</u> <u>727-549-6156</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #