

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707715

FILED
Feb 05, 2005
Secretary of State

Entity Name: FLORIDA PUBLIC RELATIONS ASSOCIATION, INC.

Current Principal Place of Business:

40 SARASOTA CTR BLVD
STE 107
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

40 SARASOTA CTR BLVD
STE 107
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-1023019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, CHRISTOPHER
40 SARASOTA CTR BLVD., SUITE 107
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CARROLL, CHRISTOPHER
40 SARASOTA CTR BLVD., SUITE 107
SARASOTA, FL 34240 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:

02/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DMS () Delete
Name: CARROLL, CHRISTOPHER
Address: 40 SARASOTA CTR BLVD
City-St-Zip: SARASOTA, FL 34240

Title: DP () Delete
Name: SAVAGE, CAROL
Address: 1525 SE 42ND AVE
City-St-Zip: OCALA, FL 34471

Title: DT () Delete
Name: INCANTALUPO, VALERIE
Address: 5700 SW 34 ST., SUITE 1235
City-St-Zip: GAINESVILLE, FL 32608

Title: DMS () Delete
Name: SHIMA, CHERAY K
Address: 40 SARASOTA CTR BLVD, #107
City-St-Zip: SARASOTA, FL 34240

Title: DVP () Delete
Name: LAUDERDALE, LEAH
Address: 40 SARASOTA CENTER BLVD., STE. 107
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: LAUDERDALE, LEAH
Address: 1915 S. FLORAL AVE
City-St-Zip: BARTOW, FL 33830

Title: DT (X) Change () Addition
Name: NICHOLS, LISA
Address: 3003 SW COLLEGE RD, STE. 205
City-St-Zip: OCALA, FL 34474

Title: DMS (X) Change () Addition
Name: KEYES-SHIMA, CHERAY
Address: 40 SARASOTA CTR BLVD, #107
City-St-Zip: SARASOTA, FL 34240

Title: DVP (X) Change () Addition
Name: MOORE, ADRIENNE
Address: 3209 VIRGINIA AVE.
City-St-Zip: FORT PIERCE, FL 34981

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

DMS

02/05/2005

Electronic Signature of Signing Officer or Director

Date