2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707715

FILED Feb 10, 2006 Secretary of State

Entity Name: FLORIDA PUBLIC RELATIONS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
STE 107	OTA CTR BLV A, FL 34240	D US				
	•			New Maili	na Addroca	
	ailing Addres			new maiii	ng Address:	
.0 SARAS STE 107	OTA CTR BLV	Ď				
SARASOT	A, FL 34240	US				
El Number:	59-1023019	FEI Number Applied For ()	FEI Num	ber Not Appl	icable () Certificate of Status Desired ()	
lame and	Address of C	urrent Registered Agent:		Name and	Address of New Registered Agent:	
0 SARAS SARASOT	, CHRISTOPH OTA CTR BLV A, FL 34240	'D., SUITE 107 US				
	named entity s e of Florida.	submits this statement for th	e purpose of	changing i	ts registered office or registered agent, or bot	
IGNATUF						
	Electron	ic Signature of Registered	Agent		Date	
FFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTO	
ïtle:						
lame: .ddress:	DMS () CARROLL, CHF 40 SARASOTA SARASOTA, FL	CTR BLVD		Title: Name: Address: City-St-Zip:	()Change ()Addition	
lame: ddress: bity-St-Zip: itle: lame: ddress: bity-St-Zip:	CARROLL, CHE 40 SARASOTA SARASOTA, FL	RISTOPHER CTR BLVD 34240 Delete LEAH L AVE		Name: Address:	() Change () Addition DP (X) Change () Addition MOORE, ADRIENNE 3209 VIRGINIA AVE FORT PIERCE, FL 34981	
lame: .ddress: bity-St-Zip: itle: lame: .ddress:	CARROLL, CHE 40 SARASOTA, FL DP () LAUDERDALE, 1915 S. FLORA BARTOW, FL 3 DT () NICHOLS, LISA	RISTOPHER CTR BLVD 34240 Delete LEAH L AVE 33830 Delete		Name: Address: City-St-Zip: Title: Name: Address:	DP (X) Change () Addition MOORE, ADRIENNE 3209 VIRGINIA AVE	
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I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER CARROLL DMS 02/10/2006