2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707715

FILED Apr 15, 2009 Secretary of State

Entity Name: FLORIDA PUBLIC RELATIONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 40 SARASOTA CTR BLVD STE 107 SARASOTA, FL 34240 **New Mailing Address: Current Mailing Address:** 40 SARASOTA CTR BLVD STE 107 SARASOTA, FL 34240 US FEI Number: 59-1023019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARROLL, CHRISTOPHER 40 SARASOTA CTR BLVD., SUITE 107 SARASOTA, FL 34240 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DMS () Delete () Change () Addition CARROLL, CHRISTOPHER Name: Name: 40 SARASOTA CTR BLVD Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: Title: (X) Change () Addition () Delete SPARLING, SUZANNE Name: HART, LANETTE Name: Address: 937 DIXON BLVD Address: 50 N LAURA ST, 23RD FLOOR City-St-Zip: COCOA, FL 32922 City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: DVP (X) Change () Addition BECHT, SHERIDAN BECHT, SHERIDAN Name: Name: Address: BOX 3193 Address: **BOX 3193** City-St-Zip: ORLANDO, FL 32802 City-St-Zip: ORLANDO, FL 32802 () Delete Title: DMS Title: () Change () Addition Name: KEYES-SHIMA, CHERAY Name: 40 SARASOTA CTR BLVD, #107 Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: DVP () Delete Title: DT (X) Change () Addition HART, LANETTE Name: Name: MOSS, JENNIFER 50 N LAURA ST, 23RD FLOOR 5616 61ST STREET EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: BRADENTON, FL 34203

I hereby certify that the information supplied with this filing does not qualify 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 04/15/2009