2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 709618

Entity Name: FLORIDA FOUNDATION FOR ARCHITECTURE INC

Current Principal Place of Business:

104 E. JEFFERSON STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

104 E. JEFFERSON STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-6179951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, VICKI L
104 E. JEFFERSON ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: P/D ( ) Delete
Name: EHRIG, FAIA, JOHN MR
Address: 1001 WILKINSON STREET
City-St-Zip: ORLANDO, FL 32803

Title: V/D ( ) Delete
Name: LATAVISH, AIA, VICTOR J MR
Address: 4100 CORPORATE SQUARE STE 100
City-St-Zip: NAPLES, FL 34104

Title: S/D ( ) Delete
Name: BUTLER, AIA, NATHAN R MR
Address: 820 IRMA AVE
City-St-Zip: ORLANDO, FL 32803

Title: T/D ( ) Delete
Name: PRITTS, AIA, RICHARD D MR
Address: 4301 ANCHOR PLAZA PKWY STE 100
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOHN EHRIG, FAIA P/D 01/07/2009

Electronic Signature of Signing Officer or Director — Date