## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#714006** 

FILED Jan 16, 2009 Secretary of State

Entity Name: FLORIDA PETROLEUM MARKETERS AND CONVENIENCE STORE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 209 OFFICE PLAZA TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 209 OFFICE PLAZA TALLAHASSEE, FL 32301 FEI Number: 59-0595784 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: SMITH, JAMES E 209 OFFICE PLAZA DR TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, JAMES E Name: Name: 209 OFFICE PLAZQA Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TS HINTON, STEPHANIE Name: HINTON, STEPHANIE Name: Address: P O BOX 39 Address: P O BOX 39 City-St-Zip: LIVE OAK, FL 32064 City-St-Zip: LIVE OAK, FL 32064 Title: () Delete Title: () Change () Addition CAPITANO, FRANK Name: Name: Address: P O BOX 5238 Address: City-St-Zip: TAMPA, FL 33675 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WOOD, KENNETH Name: Address: 2070 S ORANGE Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: () Change () Addition ROONEY, CHARLES Name: Name: 601 W. MADISON STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HINSON, ED HINSON FD Name: Name: Address: 2040 MARTIN LUTHER KING JR BLVD Address: 2040 MARTIN LUTHER KING JR BLVD QUINCY, FL 32351 QUINCY, FL 32351 City-St-Zip: 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: STEPHANIE HINTON TS 01/16/2009