

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90239 008 ****61.25

DOCUMENT # 717899 1. Entity Name FLORIDA ATTRACTIONS ASSOCIATION, INC.					
Principal Place of Business 1114 N GADSDEN ST TALLAHASSEE, FL 32303 US			Mailing Address 1114 N GADSDEN ST TALLAHASSEE, FL 32303 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1724091	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSS, DONNA H. 1114 N GADSDEN ST TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD TURNER, DONNA 1510 W IRLO BRONSON HWY KISSIMMEE, FL 34742	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Elaine Fraser 19 San Marco Ave St Augustine FL 32084	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORAWSKI, MIKE 907 WHITEHEAD ST KEY WEST, FL 33040	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eric Eigstad 4400 Rickenbacker Cswy Miami FL 33149	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN, TERRI 249 WINDWARD PASSAGE CLEARWATER, FL 33767	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Sandy Craig 254 D San Marco Ave St Augustine FL 32084	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONAN, J J BLDG 3465 NAS PENSACOLA, FL 32508	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Phil Holmes 1365 W Monrovia Ave Lake Buena Vista FL 32830	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Geis DNPS Kennedy Space Center FL 32899	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <i>E/aine Fraser</i> 1/12/03 824-1606 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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