## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT #717899** 05-01-2008 90213 040 \*\*\*\*61.25 1. Entity Name FLORIDA ATTRACTIONS ASSOCIATION, INC. Principal Place of Business Mailing Address 1114 N GADSDEN ST 1114 N GADSDEN ST TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 US. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302008 Chq-NP CR2E037 (12/06) City & State Applied For City & State FEI Number 59-1724091 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUPFER, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 1114 N GADSDEN ST TALLAHASSEE, FL 32303 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete Change TITLE ☐ Addition NAME VAN VLEET, SUE NAME STREET ADDRESS 29 ST GEORGE ST STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32084 CITY-ST-ZIP TJT1E ☐ Delete TITLE Change -Addition HERTZ, ANDREW NAME NAME STREET ADDRESS 4400 RICKERBACKER CAUSEWAY STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI, FL 33149 DCE TITLE Delete TITLE ☐ Channe **Addition** CRAIG, SANDY" NAME 254 D SANT MARCO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32084 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME HOLMES, PHIL NAME STREET ADDRESS 1365 W. HONORAIL AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL. 32830 CITY-ST-ZIP TITLE DS ☐ Delete TITLE **⊅**c Change ☐ Addition GEIS, STEVE NAME NAME **DNPS** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32899 CITY-ST-ZIP DT. - 3 . TITLE ☐ Delete TITLE Change ☐ Addition MCHUGH, MARK NAME NAME 14501 ORANGE BLOSSOM TRL STREET ADDRESS STREET ADDRESS

**FILED** 

May 01, 2008 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

CITY-ST-ZIP

ORLANDO, FL 32837