

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729581

FILED  
May 14, 2009  
Secretary of State

Entity Name: FOPA OF FLORIDA, INC.

**Current Principal Place of Business:**

P.O. BOX 708  
BOYNTON BEACH, FL 334250708 US

**New Principal Place of Business:**

1112 N FEDERAL HWY  
BOYNTON BEACH, FL 33435 US

**Current Mailing Address:**

P.O. BOX 708  
BOYNTON BEACH, FL 334250708 US

**New Mailing Address:**

FEI Number: 59-2383341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

POWELL, LLOYD  
1112 N FEDERAL HWY  
BOYNTON BCH, FL 33435 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: DP ( ) Delete  
Name: POWELL, LLOYD  
Address: PO BOX 700 N/A  
City-St-Zip: BOYNTON BEACH, FL

Title: VD ( ) Delete  
Name: ROSS, VINCENT C.  
Address: 204 BRAZILLAN AVE #218  
City-St-Zip: PALM BEACH, FL

Title: STD ( ) Delete  
Name: POWELL, KURT G  
Address: P.O. BOX 708 N/A  
City-St-Zip: BOYNTON BEACH, FL 334250708

**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:

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: LLOYD POWELL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

05/14/2009

\_\_\_\_\_  
Date