

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90066 008 \*\*\*\*61.25

**DOCUMENT # 731428**

1. Entity Name  
**FLORIDA REDEVELOPMENT ASSOCIATION, INC.**



Principal Place of Business  
**301 SOUTH BRONOUGH ST.  
300  
TALLAHASSEE, FL 32301**

Mailing Address  
**301 SOUTH BRONOUGH ST.  
300  
TALLAHASSEE, FL 32301**

**40074469**



2. Principal Place of Business - No P.O. Box #  
**301 SOUTH BRONOUGH ST**  
Suite, Apt. #, etc.  
**STE 300**

3. Mailing Address  
**301 SOUTH BRONOUGH ST**  
Suite, Apt. #, etc.  
**STE 300**

03142007 Chg-NP CR2E037 (12/06)

City & State  
**TALLAHASSEE FL**  
Zip  
**32301** Country  
**LEON**

City & State  
**TALLAHASSEE FL**  
Zip  
**32301** Country  
**LEON**

4. FEI Number  
**59-2088898** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA LEAGUE OF CITIES  
301 S BRONOUGH ST  
TALLAHASSEE, FL 32302**

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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
LARSON, MARILYN  
111 S MONROE STREET  
TALLAHASSEE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PP  
FRITZ, T. NEIL  
210 71ST STREET, STE 310  
DELRAY BEACH, FL 33483** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/07**

Date

**850 224 3252**

Daytime Phone #

1-1-200