

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # 731498

1. Entity Name
**FLORIDA ASSOCIATION OF MAGICAL ENTERTAINERS,
INC.**



Principal Place of Business

**8316 FOXWORTH CIR.
ORLANDO, FL 32819**

Mailing Address

**C/O ART THOMAS
8316 FOXWORTH CIR.
ORLANDO, FL 32819**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-3099989

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, ARTHUR R
8316 FOXWORTH CIR.
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE S
NAME PHILLIPS, DENNIS
STREET ADDRESS 1006 W. FAIRBANKS AVE.
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE T
NAME THOMAS, ARTHUR R
STREET ADDRESS 8316 FOXWORTH CIR.
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D
NAME BERGERON, BEV
STREET ADDRESS 7013 DELORA DR.
CITY-ST-ZIP ORLANDO, FL 32819

TITLE P
NAME FENNESSY, CRAIG
STREET ADDRESS 7806 STREET ANDREWS CIRCLE
CITY-ST-ZIP ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **NO CHANGES.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Arthur R Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2008
Date

407-397-3782
Daytime Phone #