

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731498

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

8316 FOXWORTH CIR.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 48-3099989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THOMAS, ARTHUR R  
8316 FOXWORTH CIR.  
ORLANDO, FL 32819 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: P  
Name: FENNESSY, CRAIG MR  
Address: 7806 SAINT ANDREWS CIR  
City-St-Zip: ORLANDO, FL 32835

Title: T  
Name: THOMAS, ARTHUR R  
Address: 8316 FOXWORTH CIR.  
City-St-Zip: ORLANDO, FL 32819

Title: D  
Name: BERGERON, BEV  
Address: 7013 DELORA DR.  
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR R THOMAS

T

03/30/2010

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

\_\_\_\_\_  
Date