

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731636

FILED
Apr 18, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF COMMUNITY RELATIONS PROFESSIONALS, INC.

Current Principal Place of Business:

1540 PINE FOREST DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2093
CLEARWATER, FL 33757

New Mailing Address:

FEI Number: 59-2366644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGLETON, NINA TREAS
1540 PINE FOREST DRIVE
TALLAHASSEE, FL 32301 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 () Delete
Name: TAYLOR HILL, CHARLENE
Address: 117 W. DUVALL ST, STE 350
City-St-Zip: JACKSONVILLE, FL 32203

Title: PVP () Delete
Name: JAMES, SHIRLEY
Address: 400 A. ORANGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32801

Title: NVP () Delete
Name: DANIELS, DERICK
Address: 2009 APPALACHEE PKWY
City-St-Zip: TALLAHASSEE, FL 32302

Title: CVP () Delete
Name: WILLIAMS, GAIL
Address: 700 TWIGGS ST, STE 830
City-St-Zip: TAMPA, FL 33602

Title: SVP () Delete
Name: REGALADO, MARCOS
Address: 111 NW 1ST ST, STE 2145
City-St-Zip: MIAMI, FL 33128

Title: VPT () Delete
Name: SINGLETON, NINA
Address: 1540 PINE FOREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PVP (X) Change () Addition
Name: JAMES, SHIRLEY
Address: 400 A. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: NVP (X) Change () Addition
Name: DANIEL, DERICK
Address: 2009 APPALACHEE PKWY
City-St-Zip: TALLAHASSEE, FL 32301

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: NINA SINGLETON

VPT

04/18/2008

Electronic Signature of Signing Officer or Director

Date