

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

DOCUMENT# 733387

Entity Name: FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.

**Current Principal Place of Business:**

3015 SHANNON LAKES NORTH  
STE 303  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

400 CAPITAL CIRCLE SE  
STE 18-263  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

3015 SHANNON LAKES NORTH  
STE 303  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

400 CAPITAL CIRCLE SE  
STE 18-263  
TALLAHASSEE, FL 32301 US

FEI Number: 59-2389989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAINEY, GENEVIEVE  
400 CAPITAL CIRCLE S.E.  
SUITE 18-263  
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: T ( ) Delete  
Name: JOYNER, HAROLD  
Address: 3015 SHANNON LAKES N #303  
City-St-Zip: TALLAHASSEE, FL 32309

Title: PP ( ) Delete  
Name: SMITH, RICHARD  
Address: 3015 SHANNON LAKES NORTH., STE 303  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ED ( ) Delete  
Name: GLASS, STEVE  
Address: 3015 SHANNON LAKES NORTH., STE 303  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: P ( ) Delete  
Name: RYAN, JIM  
Address: 3015 SHANNON LAKES NORTH., STE 303  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VON KANNON, LORI  
Address: 400 CAPITAL CIRCLE SE STE 18-263  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Change ( ) Addition  
Name: TEAR, CHARLES  
Address: 400 CAPITAL CIRCLE SE, STE 18-263  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ED (X) Change ( ) Addition  
Name: RAINEY, GENEVIEVE  
Address: 400 CAPITAL CIRCLE SE, STE 18-263  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: S (X) Change ( ) Addition  
Name: WOMBLE, PAUL  
Address: 400 CAPITAL CIRCLE SE, STE 18-263  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Change (X) Addition  
Name: FEAGANS, LAURIE  
Address: 400 CAPITAL CIRCLE SE, STE 18-263  
City-St-Zip: TALLAHASSEE, FL 32301

Title: PP ( ) Change (X) Addition  
Name: RYAN, JAMES  
Address: 400 CAPITAL CIRCLE SE STE 18-263  
City-St-Zip: TALLAHASSEE, FL 32301

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: GENEVIEVE RAINEY

ED

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date