



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90025 027 ****61.25

| | | | | | |
|--|---|--|---|---|---|
| DOCUMENT # 740621 1. Entity Name FLORIDA OCCUPATIONAL THERAPY ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2910 KERRY FOREST PKWY D4-393 TALLAHASSEE, FL 32309 US | | | Mailing Address P.O. BOX 5606 FT. LAUDERDALE, FL 33310 | | |
| 2. Principal Place of Business - No P.O. Box # 1050 Caples Street Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Englewood, FL | | City & State | | 4. FEI Number 23-7289335 | |
| Zip 34223 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORZILIUS, SUSAN L 1070 S. MCCALL ROAD ENGLEWOOD, FL 34223 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LOWERY, PALLAVI 4238 ASTERIA TERRACE NORTH PORT, FL 34287 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Burgos, Betsy B. 1697 Birdie Drive Naples, FL 34120 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CROWLEY, SARA JANE 1050 CAPLES STREET ENGLEWOOD, FL 34223 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MOUSSEAU, JEAN 11 SUNSET DR. APT. 106 SARASOTA, FL 34236 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Clark, David D. 2226 Discovery Circle West Deerfield Beach, FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TORBERNTSSON, KATHRYN 2460 SE 8TH STREET POMPANO BEACH, FL 33062 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>[Signature]</i> Sara Jane Crowley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 03/28/08 (941) 474-7724 <small>Date Daytime Phone #</small> | |