

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740621

FILED
Jun 02, 2009
Secretary of State

Entity Name: FLORIDA OCCUPATIONAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

1050 CAPLES ST
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5606
FT. LAUDERDALE, FL 33310

New Mailing Address:

P.O. BOX 5977
SARASOTA, FL 34239

FEI Number: 23-7289335 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORZILIUS, SUSAN L
1070 S. MCCALL ROAD
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

CROWLEY, SARA-JANE
1050 CAPLES STREET
ENGLEWOOD, FL 34223 US

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: SARA-JANE CROWLEY

06/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROWLEY, SARA JANE
Address: 1050 CAPLES STREET
City-St-Zip: ENGLEWOOD, FL 34223

Title: S () Delete
Name: TORBERNTSSON, KATHRYN
Address: 2460 SE 8TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: BURGOS, BETSY B
Address: 1697 BIRDIE DR
City-St-Zip: NAPLES, FL 34120

Title: T () Delete
Name: CLARK, DAVID D
Address: 2226 DISCOVERY CIR W
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MOYER, RENEE
Address: 3520 SW 15TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VP (X) Change () Addition
Name: VIZVARY, ELENA
Address: 2319 AUBREY LANE
City-St-Zip: SARASOTA, FL 34231

Title: T (X) Change () Addition
Name: FINLAN, TIMOTHY
Address: 1697 BIRDIE DRIVE
City-St-Zip: NAPLES, FL 34120

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: SARA-JANE CROWLEY

P

06/02/2009

Electronic Signature of Signing Officer or Director

Date