2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2011
Secretary of State

DOCUMENT# 740621

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 5977
SARASOTA, FL 34277

New Mailing Address:

P.O. BOX 1459
ENGLEWOOD, FL 34295

FEI Number: 23-7289335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWLEY, SARA-JANE
1050 CAPLES STREET
ENGLEWOOD, FL 34223 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: CROWLEY, SARA JANE
Address: 1050 CAPLES STREET
City-St-Zip: ENGLEWOOD, FL 34223

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

Title: VP
Name: VIZVARY, ELENA
Address: 2319 AUBREY LANE
City-St-Zip: SARASOTA, FL 34231

Title: T
Name: MURPHY-FISCHER, DEBORAH A
Address: 5063 LACOSTA ISLAND COURT
City-St-Zip: PUNTA GORDA, FL 33950

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: SARA-JANE CROWLEY P 06/07/2011

Electronic Signature of Signing Officer or Director Date