2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 742031

Entity Name: FLORIDA RESTAURANT AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE, INC.

Current Principal Place of Business:

230 S. ADAMS ST.
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1779
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-0571930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOVER, CAROL B
230 S. ADAMS ST.
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: C (X) Delete
Name: MCALEAVEY, SHANNON
Address: P.O. BOX 1000
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: VC (X) Delete
Name: GRAYSON, JEFF
Address: 500 N MAITLAND AVENUE STE 107
City-St-Zip: MAITLAND, FL 32751

Title: ST ( ) Delete
Name: DOVER, CAROL
Address: 534 DOVER ROAD
City-St-Zip: HAVANA, FL 32333

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: C ( ) Change (X) Addition
Name: YEAGER, MONIQUE
Address: 2605 MAITLAND CENTER PKWY, STE C
City-St-Zip: MAITLAND, FL 32751

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: CAROL B. DOVER ST 04/14/2009

Electronic Signature of Signing Officer or Director — Date