
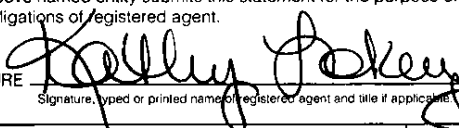
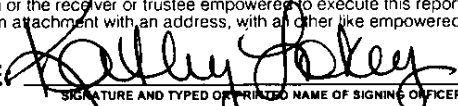


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90005 011 ****70.00

DOCUMENT # 754438 1. Entity Name FORREST PARK CIVIC ASSOCIATION, INC.					
Principal Place of Business 5620 HOLLOW OAK ROAD ORLANDO, FL 32808-3414 US			Mailing Address 5620 HOLLOW OAK ROAD ORLANDO, FL 32808-3414 US		
2. Principal Place of Business - No P.O. Box # 5612 Castle Oak Ct		3. Mailing Address 5612 Castle Oak Ct			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Orlando, Florida			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 59-2358831	
Zip 32808		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLE, BRANDY 5620 HOLLOW OAK RD. ORLANDO, FL 32808-3414			7. Name and Address of New Registered Agent Name Lokey, Kathy Street Address (P.O. Box Number is Not Acceptable) 5612 Castle Oak Ct City Orlando FL 32808		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> June 21, 2007 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 14, 2007		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	TD GERKEN, DAVID 2712 GREENFIELD AVE. ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cole Brandy 5620 Hollow Oak Rd Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTER, CAMPBELL 5620 VALLEY OAK RD ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kropawensky, Mike 5503 Westbury Dr Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEAVER, PATRICIA 2918 NORTH CASTLE OAK ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Smith, Jan 5616 Castle Oak Ct. Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDROP, SHARON 2942 N. CASTLE OAK DRIVE ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lokey, Kathy 5612 Castle Oak Ct Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, BRANDY 5620 HOLLOW OAK ROAD ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Waldrop, Sharon 2942 N. Castle Oak Dr Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 an officer like empowered.					
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			June 21, 2007 <small>Date</small>		401 864-3111 <small>Daytime Phone #</small>