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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:53

DOCUMENT # 763321 (7)

1. Corporation Name

THE FLORIDA RECREATION AND PARK ASSOCIATION, INC

Principal Place of Business	Mailing Address
411 OFFICE PLAZA DR TALLAHASSEE FL 32301	411 OFFICE PLAZA DR TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1982
3a. Date of Last Report: 01/24/1994
4. FEI Number: 23-7413123 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EKWALL, ELEANOR
411 OFFICE PLAZA DR.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☑ Change ☐ Addition
NAME	BEELER, CHERYL	1.2 NAME		
STREET ADDRESS	215 STONE BLDG FUS	1.3 STREET ADDRESS	FSU	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	32306-3001	
TITLE	T	2.1 TITLE		☑ Change ☐ Addition
NAME	ROTHENBAUGH, WALT	2.2 NAME	Rothenbach	
STREET ADDRESS	6700 CLARK ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	34241	
TITLE	D	3.1 TITLE	Don Keefe	☑ Change ☐ Addition
NAME	NELSON, MITZI	3.2 NAME	Director	
STREET ADDRESS	490 NORTH BLVD.	3.3 STREET ADDRESS	524 NE 21st Court	
CITY-ST-ZIP	MACCLENNY FL	3.4 CITY-ST-ZIP	Wilton Manors FL 33305	
TITLE	S	4.1 TITLE		☑ Change ☐ Addition
NAME	DAVIS, MARY A	4.2 NAME		
STREET ADDRESS	1450 16TH STREET NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	33704	
TITLE	P	5.1 TITLE	P	☐ Change ☐ Addition
NAME	JONES, JERRY	5.2 NAME	Steve Person	
STREET ADDRESS	PO BOX 490	5.3 STREET ADDRESS	1350 W Broward Blvd	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Ft Lauderdale FL 33301	
TITLE	ED	6.1 TITLE		☑ Change ☐ Addition
NAME	EDWALL, ELEANOR J	6.2 NAME	Ekwall	
STREET ADDRESS	411 OFFICE PLAZA DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eleanor J. Ekwall Eleanor J. Ekwall 1-16-95 904-878-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026888