

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763321** (7)
1. Corporation Name
THE FLORIDA RECREATION AND PARK ASSOCIATION, INC



Principal Place of Business 411 OFFICE PLAZA DR TALLAHASSEE FL 32301	Mailing Address 411 OFFICE PLAZA DR TALLAHASSEE FL 32301
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3. Date Incorporated or Qualified 05/17/1982	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 Eleanor Warmack 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MANZO, BARBARA	1.2 NAME	
STREET ADDRESS	3410 PALM BEACH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ROTHENBACH, WALK	2.2 NAME	Walt
STREET ADDRESS	6700 CLARK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RECKER, JULIA	3.2 NAME	
STREET ADDRESS	320 E MONUMENT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	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	
TITLE	P ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PERSON, STEVE	5.2 NAME	
STREET ADDRESS	1350 W BROWARD BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	ED ☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	EKWALL, ELEANOR J	6.2 NAME	Eleanor Warmack
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 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 Warmack **ELEANOR J. Warmack** 1/18/97 904-878-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077423

CR2E037 (9/96)