FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90009 034 ****61.25

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DOCUMENT # 763321

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 05/17/1982

4. FEI Number: 23-7413123 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

ELEANOR WARMACK
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 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 _____ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	BECKER, JULIA		1.2 NAME		
STREET ADDRESS	320 E MONUMENT AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROTHENBACH, WALT		2.2 NAME		
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	P	☑ Change ☐ Addition
NAME	ROSS, FERLITA		3.2 NAME		
STREET ADDRESS	7525 N BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA 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	D	☑ Change ☐ Addition
NAME	MANZO, BARBARA		5.2 NAME	Mark Abdo	
STREET ADDRESS	3410 PALM BEACH BLVD		5.3 STREET ADDRESS	1501 Belcher Road, Suite 225	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	Clearwater, FL 34625	
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ELEANOR WARMACK		6.2 NAME		
STREET ADDRESS	411 OFFICE PLAZA DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Eleanor J. Warmack 1/5/99 850-878-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #