

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763321

FILED
Jan 17, 2009
Secretary of State

Entity Name: THE FLORIDA RECREATION AND PARK ASSOCIATION, INC.

Current Principal Place of Business:

411 OFFICE PLAZA DR
TALLAHASSEE, FL 323012756

New Principal Place of Business:

411 OFFICE PLAZA DR
TALLAHASSEE, FL 323012756 US

Current Mailing Address:

411 OFFICE PLAZA DR
TALLAHASSEE, FL 323012756

New Mailing Address:

411 OFFICE PLAZA DR
TALLAHASSEE, FL 323012756 US

FEI Number: 23-7413123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEANOR, WARMACK
411 OFFICE PLAZA DR.
TALLAHASSEE, FL 323012756 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: PE () Delete
Name: SHEETS, JIM
Address: 9100 113TH STREET
City-St-Zip: SEMINOLE, FL 33772

Title: VP () Delete
Name: DONNA, TRAFFORD
Address: 155 COTILLION CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: PP () Delete
Name: PALUS, KAREN
Address: 10256 ESTUARY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: MARGOLES, KATHIE
Address: 4331 NW 36TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: P () Delete
Name: SCOTT, GREGG
Address: 1201 SILAS DRIVE
City-St-Zip: LIVE OAK, FL 32064

Title: ED () Delete
Name: ELEANOR WARMACK,
Address: 411 OFFICE PLAZA DR.
City-St-Zip: TALLAHASSEE, FL 323012756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHEETS, JIM
Address: 9100 113TH STREET
City-St-Zip: SEMINOLE, FL 33772

Title: VP (X) Change () Addition
Name: CHIP, POTTS
Address: 1150 COMMODORE STREET
City-St-Zip: CLEARWATER, FL 33755

Title: PP (X) Change () Addition
Name: SCOTT, GREG
Address: 1201 SILAS DRIVE
City-St-Zip: LIVE OAK, FL 32064

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

Title: PE (X) Change () Addition
Name: HOFFMAN, LEAH
Address: 9294 111TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33772

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

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: ELEANOR J. WARMACK

ED

01/17/2009

Electronic Signature of Signing Officer or Director

Date