

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764628

FILED
Mar 30, 2009
Secretary of State

Entity Name: FRSA EDUCATIONAL AND RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

4111 METRIC DR.
SUITE 6
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4850
ORLANDO, FL 32793

New Mailing Address:

FEI Number: 59-2290298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNNELL, STEPHEN W
4111 METRIC DR.
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

PATE, LISA
4111 METRIC DR.
SUITE 6
WINTER PARK, FL 32792 US

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: LISA PATE

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUTTER, STEVE
Address: 8284 VICO CT.
City-St-Zip: SARASOTA, FL 34240

Title: C () Delete
Name: CHESHIRE, JAMES
Address: 2324 RANDALL RD
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: SILVERS, MICHAEL
Address: 2430 30TH AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: D () Delete
Name: MUNNELL, STEPHEN
Address: 4111 METRIC DR
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: LUIKART, MELANIE
Address: PO BOX 15636
City-St-Zip: WEST PALM BEACH, FL 33416

Title: D () Delete
Name: SAMUELS, NEIL
Address: PO BOX 511
City-St-Zip: DAYTONA BEACH, FL 32115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: PATE, LISA
Address: 4111 METRIC DR
City-St-Zip: WINTER PARK, FL 32792

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

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: LISA PATE

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date