2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000039

FILED Jan 16, 2009 Secretary of State

Entity Name: FLORIDA TOURIST DEVELOPMENT TAX ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1825 HENDRY ST SUITE 312 FORT MYERS, FL 33902 **New Mailing Address: Current Mailing Address:** PO BOX 2469 FORT MYERS, FL 339022469 FEI Number: 59-3508334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARKS, TIMOTHY J 1825 HENDRY ST SUITE 312 FORT MYERS, FL 33902 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RHODES, JERRY PARKS, TIM Name: Name: P.O. BOX 35 Address: PO BOX 2469 Address: City-St-Zip: ORLANDO, FL 32802 City-St-Zip: FORT MYERS, FL 33902 Title: Title: (X) Change () Addition () Delete YOUNG, JOANNA Name: DUKES, ARTIS Name: Address: 12 SOUTHEAST FIRST STREET Address: 430 E MAIN ST City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: BARTOW, FL 33830 Title: () Delete Title: (X) Change () Addition SUNDAY, JOYCE Name: FARR, ANNE ROSE Name: 31 COASTAL CONTRE BLVD STE 500 3485 SE WILLOUGHBY BLVD Address: Address: City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: STUART, FL 34994 Title: () Delete Title: (X) Change () Addition Name: PARKS, TIM Name: YOUNG, JOANNA PO BOX 2469, 1825 HENDRY ST 312 PO BOX 140960 Address: Address: City-St-Zip: FORT MYERS, FL 33902 City-St-Zip: GAINESVILLE, FL 32614 Title: () Delete Title: (X) Change () Addition CARLSWARD, CINDY LUECHAUER, RANDALL Name: Name: 2000 16TH AVE 540 SE 3RD AVE RM 202 Address: Address: City-St-Zip: VERO BEACH, FL 32961 City-St-Zip: FORT LAUDERDALE, FL 33301 Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

RHODES, JERRY

PO BOX 38 ORLANDO, FL 32802

SIGNATURE: JOANNA YOUNG T 01/16/2009

Name:

Address:

City-St-Zip: