

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002480

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION FOR MICROENTERPRISE, INC.

**Current Principal Place of Business:**

6260 NORTH OCEAN BLVD.  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

6260 NORTH OCEAN BLVD.  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

**FEI Number:** 65-1023597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LYNN, ALLISON D  
6260 NORTH OCEAN BLVD.  
OCEAN RIDGE, FL 33435 US

**Name and Address of New Registered Agent:**

ALLISON, LYNN DR  
6260 NORTH OCEAN BLVD.  
OCEAN RIDGE, FL 33435 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: DR. LYNN ALLISON

02/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: HORVATH, DAN  
Address: 302 N BARCELONA STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete  
Name: MORGAN, ROSA  
Address: 1350 E 4 MAHAN DRIVE #212  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DR. LYNN ALLISON

EXEC

02/23/2009

Electronic Signature of Signing Officer or Director

Date