

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000009025

1. Entity Name  
FRANCHISOR ASSOCIATION OF FLORIDA, INC.



Principal Place of Business  
2121 VISTA PKWY  
WEST PALM BEACH, FL 33411

Mailing Address  
2121 VISTA PKWY  
WEST PALM BEACH, FL 33411



04032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2042727

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

CARY, DAVID E  
2121 VISTA PKWY  
WEST PALM BEACH, FL 33411

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	TITUS, RAY
STREET ADDRESS	2121 VISTA PKWY
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	MARKS, KEN
STREET ADDRESS	1300 NW 17TH AVE, SUITE 170
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	HUTCHESON, KENNETH
STREET ADDRESS	4407 VINELAND ROAD - SUITE D-15
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	DT
NAME	SPOHN, RICHARD
STREET ADDRESS	5350 NW 35TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	DS
NAME	CARY, DAVID
STREET ADDRESS	2121 VISTA PKWY
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000718156  
05/01/07-80009-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray Titus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 561-640-5576  
Date Daytime Phone #