

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009025

FILED
Apr 13, 2009
Secretary of State

Entity Name: FRANCHISOR ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

2121 VISTA PKWY
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2121 VISTA PKWY
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 41-2042727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARY, DAVID E
2121 VISTA PKWY
WEST PALM BEACH, FL 33411 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: D () Delete
Name: TITUS, RAY
Address: 2121 VISTA PKWY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VPD () Delete
Name: GASS, JIM
Address: 7491 N. FEDERAL HWY, #C-13
City-St-Zip: BOCA RATON, FL 33487

Title: TD () Delete
Name: HUTCHESON, KENNETH
Address: 440 VINELAND ROAD, STE. D-15
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: SPOHN, RICHARD
Address: 6001 HIATUS RD., STE 13
City-St-Zip: TAMARAC, FL 33211

Title: SD () Delete
Name: HELGERSON, LONNIE
Address: 2810 SCHERER DR., STE 106
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: PD (X) Delete
Name: LEGEL, GARY
Address: 2121 VISTA PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

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: SD (X) Change () Addition
Name: HELGERSON, LONNIE
Address: 2810 SCHERER DR. , SUITE 6
City-St-Zip: ST. PETERSBURG, FL 33716

Title: PD (X) Change () Addition
Name: LENGEL, GARY
Address: 2121 VISTA PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

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: GARY LENGEL

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date