

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90043 012 ****61.25

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01162005 Chg-NP CR2E037 (10/03)

DOCUMENT # N02000000454 1. Entity Name FLYING FISH PARENTS ASSOCIATION, INC.					
Principal Place of Business 4131 FERBER RD. JACKSONVILLE, FL 32277			Mailing Address 4121 OLD MILL COVE TRAIL WEST JACKSONVILLE, FL 32277		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 59-3720652				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERLIN, EDWARD 4121 OLD MILL COVE TRAIL WEST JACKSONVILLE, FL 32277			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, EDWARD		NAME		
STREET ADDRESS	4121 OLD MILL COVE TRAIL WEST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, DAVID B		NAME		
STREET ADDRESS	4161 HEALTH ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STETLER, ANGIE		NAME		
STREET ADDRESS	2471 EASTHILL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	BAILEY, ELIZABETH		NAME		
STREET ADDRESS	6905 SIMCA DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME	S/D Joseph Roessler	
STREET ADDRESS			STREET ADDRESS	4057 Old Mill Cove Trail W.	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE			TITLE	VP/D	
NAME			NAME	Greg Speer	
STREET ADDRESS			STREET ADDRESS	3918 Gumwood DR W.	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32277	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward Berlin			1/16/05 904-743-8375		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		