

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000454

FILED
Apr 19, 2009
Secretary of State

Entity Name: FLYING FISH PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

4131 FERBER RD.
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

4121 OLD MILL COVE TRAIL WEST
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3720652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERLIN, EDWARD
4121 OLD MILL COVE TRAIL WEST
JACKSONVILLE, FL 32277 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: TD () Delete
Name: BERLIN, EDWARD
Address: 4121 OLD MILL COVE TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD () Delete
Name: HARRISON, DAVID B
Address: 4161 HEALTH ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: DEGIDIO, ERIN
Address: 2230 ARLAND RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: ROESLER, JOSEPH
Address: 4057 OLD MILL COVE DR W
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD () Delete
Name: SPEES, GREG
Address: 3918 GUMWOOD DR W
City-St-Zip: JACKSONVILLE, FL 32277

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: ROESLER, JOSEPH
Address: 4057 OLD MILL COVE DR W
City-St-Zip: JACKSONVILLE, FL 32277

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: BAILES, SONIA
Address: 12021 MCCORMICK RD #602
City-St-Zip: JACKSONVILLE, FL 32225

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: EDWARD BERLIN

TD

04/19/2009

Electronic Signature of Signing Officer or Director

Date