

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000454

FILED
Feb 25, 2010
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
Name: BERLIN, EDWARD
Address: 4121 OLD MILL COVE TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD
Name: EDWARD, RADLOFF
Address: 3739 BUCKSKIN TR W
City-St-Zip: JACKSONVILLE, FL 32277

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

Title: DS
Name: BAILES, SONIA
Address: 10531 AKES DR N
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD
Name: SHUMAN, CHRIS
Address: 3291 LAKE EFFIE CT N
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD
Name: KNIGHT, TIM
Address: 6718 OAKWOOD DR
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 all other like empowered.

SIGNATURE: EDWARD BERLIN

TD

02/25/2010

Electronic Signature of Signing Officer or Director

Date