

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003936

FILED
Apr 29, 2009
Secretary of State

Entity Name: CHECKERS/RALLY'S NATIONAL PRODUCTION FUND, INC.

Current Principal Place of Business:

4300 W CYPRESS ST STE 600
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5401 W. KENNEDY BLVD.
SUITE 731
TAMPA, FL 33609

New Mailing Address:

FEI Number: 04-3666170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHECKERS
4300 CYPRESS
SUITE 600
TAMPA, FL 33607 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: P () Delete
Name: CRAWFORD, DAVID
Address: 4300 W. CYPRESS ST., STE. 600
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Delete
Name: ALROD, ROBERT
Address: 621 NW 53RD STREET STE 650
City-St-Zip: BOCA RATON, FL 334878235

Title: S () Delete
Name: HASHIM, AZIZ
Address: 625 DEKALB INDUSTRIAL WAY - STE. 100
City-St-Zip: DECATUR, GA 30033

Title: T () Delete
Name: LYNN, ANDREW
Address: 221 TURNER ST.
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SNYDER, TERRI
Address: 4300 W. CYPRESS ST., STE. 600
City-St-Zip: TAMPA, FL 33607

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

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

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: TERRI SNYDER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date