## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006322

FILED Mar 15, 2008 Secretary of State

Entity Name: FLORIDA BROWNFIELDS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1608 METROPOLITAN CIRCLE, SUITE B TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

PO BOX 4305 TALLAHASSEE, FL 323154305

FEI Number: 50-0006337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, EUGENE B 1608 METROPOLITAN CIRCLE, SUITE B TALLAHASSEE, FL 32308 US

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:

- Flateria Circulus I Davidoud Acad

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DST ( ) Delete
 Title:
 VP (X) Change ( ) Addition

 Name:
 WEEKS, NANDRA D
 Name:
 WEEKS, NANDRA D

 Address:
 2258 RIVERSIDE AVENUE
 Address:
 POST OFFICE BOX 4305

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 TALLAHASSEE, FL 32315

Title: DC ( ) Delete Title: S/T (X) Change ( ) Addition

 Name:
 KEENAN, RICK
 Name:
 ALSTON, LORNA

 Address:
 8933 WESTERN WAY, SUITE 12
 Address:
 POST OFFICE BOX 4305

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 TALLAHASSEE, FL 32315

Title: DVC ( ) Delete Title: P (X) Change ( ) Addition

Name:REGISTER, ROGERName:REGISTER, ROGERAddress:2804 REMINGTON GREEN CIRCLE, SUITE 4Address:POST OFFICE BOX 4305City-St-Zip:TALLAHASSEE, FL 32308City-St-Zip:TALLAHASSEE, FL 32315

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: ROGER REGISTER P 03/15/2008