2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N02000006322

Entity Name: FLORIDA BROWNFIELDS ASSOCIATION, INC.

Current Principal Place of Business:

1608 METROPOLITAN CIRCLE, SUITE B
TALLAHASSEE, FL 32308

New Principal Place of Business:

1608 METROPOLITAN CIRCLE, SUITE B
TALLAHASSEE, FL 32308 US

Current Mailing Address:

PO BOX 4305
TALLAHASSEE, FL 323154305

New Mailing Address:

PO BOX 4305
TALLAHASSEE, FL 323154305 US

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

Name and Address of Current Registered Agent:

JONES, EUGENE B
1608 METROPOLITAN CIRCLE, SUITE B
TALLAHASSEE, FL 32308 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: VP ( ) Delete
Name: WEEKS, NANDRA D
Address: POST OFFICE BOX 4305
City-St-Zip: TALLAHASSEE, FL 32315

Title: S/T ( ) Delete
Name: ALSTON, LORNA
Address: POST OFFICE BOX 4305
City-St-Zip: TALLAHASSEE, FL 32315

Title: P ( ) Delete
Name: REGISTER, ROGER
Address: POST OFFICE BOX 4305
City-St-Zip: TALLAHASSEE, FL 32315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: WEEKS, NANDRA D
Address: POST OFFICE BOX 4305
City-St-Zip: TALLAHASSEE, FL 32315 US

Title: S/T (X) Change ( ) Addition
Name: VADAY, GREG
Address: POST OFFICE BOX 4305
City-St-Zip: TALLAHASSEE, FL 32315

Title: P (X) Change ( ) Addition
Name: REGISTER, ROGER
Address: POST OFFICE BOX 4305
City-St-Zip: TALLAHASSEE, FL 32315 US

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: NANDRA WEEKS P 03/28/2009

Electronic Signature of Signing Officer or Director — Date