



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # N05000006882	
1. Entity Name 7 COUNTY REGIONAL PLANNING INITIATIVE, INC.	

Principal Place of Business 500 DELANEY AVE SUITE 404 ORLANDO, FL 32801	Mailing Address 500 DELANEY AVE - STE 404 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE

	
01292008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 03-0568437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANIN, BRIAN C 500 DELANEY AVE ORLANDO, FL 32801

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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P CANIN, BRIAN C 500 DELANEY AVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP CANIN, MYRNA F 500 DELANEY AVE ORLANDO, FL 32801
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02/06/08-80048-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Myrna F. Canin</u>	MYRNA F. CANIN	1/29/08	407 422-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #