

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011733

FILED
May 01, 2008
Secretary of State

Entity Name: BALDWIN PARK MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

4751 NEW BROAD ST
ORLANDO, FL 32814 US

New Principal Place of Business:

4829 NEW BROAD ST
ORLANDO, FL 32814 US

Current Mailing Address:

4751 NEW BROAD ST
ORLANDO, FL 32814 US

New Mailing Address:

4829 NEW BROAD ST
ORLANDO, FL 32814 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VINSON, JOEL K
4751 NEW BROAD ST
ORLANDO, FL 32814 US

Name and Address of New Registered Agent:

LEE, JOYE H
4829 NEW BROAD ST
ORLANDO, FL 32814 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: JHL

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OFF () Delete
Name: JONES-PETRICK, PATRICIA A
Address: 4844 NEW BROAD ST
City-St-Zip: ORLANDO, FL 32814

Title: OFF () Delete
Name: DOUGLAS, GARY
Address: 4845 NEW BROAD ST
City-St-Zip: ORLANDO, FL 32814

Title: OFF (X) Delete
Name: MATTHEW, CONNIE S
Address: 4836 NEW BROAD ST
City-St-Zip: ORLANDO, FL 32814

Title: OFF (X) Delete
Name: ANDREWS, SHAWNA
Address: 1340 LAKE BALDWIN LN UNIT B
City-St-Zip: ORLANDO, FL 32814

Title: OFF (X) Delete
Name: VINSON, JOEL K
Address: 4751 NEW BROAD ST
City-St-Zip: ORLANDO, FL 32814

Title: OFF (X) Delete
Name: STATON, BRAD J
Address: 1801 PROSPECT AVE
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFF (X) Change () Addition
Name: LEE, JOYCE H
Address: 4829 NEW BROAD ST
City-St-Zip: ORLANDO, FL 32814

Title: OFF (X) Change () Addition
Name: PETERSON, KELLY
Address: 1360 LAKE BALDWIN LANE, SUITE B
City-St-Zip: ORLANDO, FL 32814

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

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: JOYCE LEE

OFF

05/01/2008

Electronic Signature of Signing Officer or Director

Date