2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000011733

TI FILED
Sep 15, 2008
Secretary of State

Entity Name: BALDWIN PARK MERCHANTS ASSOCIATION, INC.

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

4829 NEW BROAD ST 1400 LAKE BALDWIN LANE, STE A

ORLANDO, FL 32814 US ORLANDO, FL 32814 US

Current Mailing Address: New Mailing Address:

4829 NEW BROAD ST P.O. BOX 141244

ORLANDO, FL 32814 US ORLANDO, FL 32814 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

LEE, JOYE H PETERSON, LUKE DR.

4829 NEW BROAD ST 1400 LAKE BALDWIN LANE, STE A ORLANDO, FL 32814 US 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: DR. LUKE PETERSON 09/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFF () Delete Title: PRES (X) Change () Addition
Name: LEE, JOYCE H Name: PETERSON, KELLY

Name: LEE, JOYCE H Name: PETERSON, KELLY
Address: 4829 NEW BROAD ST Address: 1400 LAKE BALDWIN LANE, STE A

City-St-Zip: ORLANDO, FL 32814 City-St-Zip: ORLANDO, FL 32814

Title: OFF () Delete Title: 2 VP (X) Change () Addition

Name: PETERSON, KELLY Name: HESS, GENE

 Address:
 1360 LAKE BALDWIN LANE, SUITE B
 Address:
 915 OUTER ROAD, STE 100

 City-St-Zip:
 ORLANDO, FL 32814
 City-St-Zip:
 ORLANDO, FL 32814

Title: () Delete Title: SECR () Change (X) Addition

 Name:
 Name:
 WALTERS, HEATHER

 Address:
 Address:
 4876 NEW BROAD STREET

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32814

Title: TREA () Change (X) Addition

Name: RODE, AMY

Address: Address: 1801 PROSPECT AVENUE
City-St-Zip: City-St-Zip: ORLANDO, FL 32814

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: GENE HESS 2 VP 09/15/2008