

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000264

FILED
Apr 24, 2007
Secretary of State

Entity Name: FLORIDA Z ASSOCIATION, INC.

Current Principal Place of Business:

513 CENTRAL AVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

513 CENTRAL AVE
SARASOTA, FL 34236

New Mailing Address:

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

Name and Address of Current Registered Agent:

WENZEL, CHRIS
513 CENTRAL AVE
SARASOTA, FL 34236 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: S () Delete
Name: WENZEL, CHRIS
Address: 513 CENTRAL AVE
City-St-Zip: SARASOTA, FL 34236

Title: P () Delete
Name: BLANKENSHIP, SCOTT
Address: 17526 COBBLESTONE LANE
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: JONES, KEN
Address: 2922 HERITAGE CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: STEPHENS, CLARK
Address: 107 BRANDYWINE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: TYNER, ROB
Address: 808 WEST WOODLAWN AVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: COFFEY, BILL
Address: 3862 NW 37TH STREET
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: CLARK STEPHENS

T

04/24/2007

Electronic Signature of Signing Officer or Director

Date