

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000006350

1. Entity Name
THE ORIGINAL FLORIDA TOURISM EDUCATION GROUP,
INC.



Principal Place of Business
C/O NC FLORIDA REGIONAL PLANNING COUNCIL
2009 NW 67TH PLACE, SUITE A
GAINESVILLE, FL 32653 US

Mailing Address
C/O NC FLORIDA REGIONAL PLANNING COUNCIL
2009 NW 67TH PLACE, SUITE A
GAINESVILLE, FL 32653 US

FILED
08 APR 14 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5041018

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORASKI, JAYNE
C/O NC FLORIDA REGIONAL PLANNING COUNCIL
2009 NW 67TH PLACE, SUITE A
GAINESVILLE, FL 32653

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Jayne Moraski

Jayne Moraski

1-24-08

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME MCGRATH, ELAINE
STREET ADDRESS PO BOX 849
CITY-ST-ZIP WHITE SPRINGS, FL 32096 ☒ Delete

TITLE P
NAME Carol McQueen
STREET ADDRESS 620 N Hathaway; PO Box 1324
CITY-ST-ZIP Bronson, FL 32621 ☐ Change ☒ Addition

TITLE VP
NAME CAMPBELL, HARVEY
STREET ADDRESS 263 NW LAKE CITY AVENUE
CITY-ST-ZIP LAKE CITY, FL 32056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S/T
NAME MORASKI, JAYNE
STREET ADDRESS 2009 NW 67TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE, FL 32653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500123683335
04/16/08--01008--003 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jayne Moraski

Jayne Moraski

1-24-08

352-955-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #