

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006350

FILED  
Apr 09, 2009  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

2009 NW 67TH PL  
GAINESVILLE, FL 32653 US

## Current Mailing Address:

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

## New Mailing Address:

2009 NW 67TH PL  
GAINESVILLE, FL 32653 US

FEI Number: 20-5041018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KOONS, SCOTT R  
2009 NW 67TH PL  
GAINESVILLE, FL 32653 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: SCOTT R KOONS

04/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCQUEEN, CAROL  
Address: 620 N HATHAWAY, P.O. BOX 1324  
City-St-Zip: BRONSON, FL 32621

Title: VP ( ) Delete  
Name: CAMPBELL, HARVEY  
Address: 263 NW LAKE CITY AVENUE  
City-St-Zip: LAKE CITY, FL 32056

Title: S/T ( ) Delete  
Name: MORASKI, JAYNE  
Address: 2009 NW 67TH PLACE, SUITE A  
City-St-Zip: GAINESVILLE, FL 32653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCQUEEN, CAROL  
Address: 620 N HATHAWAY AVE  
City-St-Zip: BRONSON, FL 32621 US

Title: VP (X) Change ( ) Addition  
Name: LIGGETT, SHARON  
Address: 106 E JEFFERSON ST  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: S/T (X) Change ( ) Addition  
Name: CREAMER, DONNA  
Address: 220 S MAIN ST  
City-St-Zip: TRENTON, FL 32693 US

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: CAROL MCQUEEN

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date