

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006705

FILED  
Jan 31, 2007  
Secretary of State

**Entity Name:** EXTENSION PROFESSIONAL ASSOCIATIONS OF FLORIDA, INC.

**Current Principal Place of Business:**

2800 NORTH EAST 39 AVENUE  
GAINESVILLE, FL 326092658

**New Principal Place of Business:**

**Current Mailing Address:**

2800 NORTH EAST 39 AVENUE  
GAINESVILLE, FL 326092658

**New Mailing Address:**

3695 LAKE DR  
COCOA, FL 32926

**FEI Number:** 74-3183035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALTER, JOSEPH  
3695 LAKE DR  
COCOA BEACH, FL 32926 US

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

WALTER, JOSEPH  
3695 LAKE DR  
COCOA, FL 32926 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: \_\_\_\_\_

01/31/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MADDOX, MARTHA  
Address: 7620 STATE ROAD 471 SUITE 2  
City-St-Zip: BUSHNELL, FL 33513

Title: D ( ) Delete  
Name: MCGUIRE, MAIA  
Address: 3125 AG CENTER DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SD ( ) Delete  
Name: SWEAT, MICHAEL  
Address: 1025 WEST MACCLENLY AVENUE  
City-St-Zip: MACCLENLY, FL 32063

Title: DT ( ) Delete  
Name: WALTER, JOSEPH  
Address: 3695 LAKE DR.  
City-St-Zip: COCOA BEACH, FL 32926

**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: DT (X) Change ( ) Addition  
Name: WALTER, JOSEPH  
Address: 3695 LAKE DR.  
City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH WALTER

DT

01/31/2007

Electronic Signature of Signing Officer or Director

Date