

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006705

FILED
Feb 07, 2009
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:

2800 NORTH EAST 39 AVENUE
GAINESVILLE, FL 32609

Current Mailing Address:

3695 LAKE DR
COCOA, FL 32926

New Mailing Address:

1010 N. MCDUFF AVENUE
JACKSONVILLE, FL 32254

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, FL 32926 US

Name and Address of New Registered Agent:

SWEAT, MICHAEL S
1010 N. MCDUFF AVENUE
JACKSONVILLE, FL 32254 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: MICHAEL SWEAT

02/07/2009

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, FL 32926

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: LESLIE, LISA
Address: 5339 COUNTY ROAD 579
City-St-Zip: SEFFNER, FL 33584

Title: T (X) Change () Addition
Name: SWEAT, MICHAEL
Address: 1010 N. MCDUFF AVENUE
City-St-Zip: JACKSONVILLE, FL 32254

Title: D (X) Change () Addition
Name: HOGUE, PATRICK
Address: 458 HWY 98 N.
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD () Change (X) Addition
Name: DOUGLAS, DIANN
Address: 184 NW COLLEGE LOOP
City-St-Zip: MADISON, FL 32340

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: MICHAEL SWEAT

T

02/07/2009

Electronic Signature of Signing Officer or Director

Date