

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006705

FILED  
Feb 24, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2800 NORTH EAST 39 AVENUE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

1010 N. MCDUFF AVENUE  
JACKSONVILLE, FL 32254

**New Mailing Address:**

FEI Number: 74-3183035      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SWEAT, MICHAEL S  
1010 N. MCDUFF AVENUE  
JACKSONVILLE, FL 32254      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  
Name: CINDY, SANDERS  
Address: 2800 NE 39 AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: C  
Name: JORDI, BECKY  
Address: 546650 HWY. 1  
City-St-Zip: CALLAHAN, FL 32011 64

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

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

I hereby 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 all other like empowered.

SIGNATURE: MIKE SWEAT

T

02/24/2012

Electronic Signature of Signing Officer or Director

Date