

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90165 031 ****61.25

DOCUMENT # N06131

1. Entity Name

THE PARK PROFESSIONALS ASSOCIATION, INC.



Principal Place of Business

1409 KINGSLEY AVE
SUITE 1-C
ORANGE PARK FL 32073
US

Mailing Address

1409 KINGSLEY AVE
SUITE 1-C
ORANGE PARK FL 32073
US

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2988083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, GLENN K.
353 E. FORSYTH ST.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name **GARY LUKE**

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

1409 Kingsley Ave 9-D

City **Orange Park**

FL

Zip Code **32073**

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

[Signature]

GARY LUKE

4-29-08

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: 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

TITLE PD ☐ Delete
NAME DILORETO, THOMAS P.
STREET ADDRESS 1409 KINGSLEY AVE., #9C
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ Delete
NAME DAVIS, CAL
STREET ADDRESS 1409 KINGSLEY AVE 1-C
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME LUKE, GARY
STREET ADDRESS 1409 KINGSLEY AVE 9-D
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME HINKLE, ROBERT L
STREET ADDRESS 1409 KINGSLEY AVE BLDG 12
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

GARY LUKE

4-29-08

