

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06131

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE PARK PROFESSIONALS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2988083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUKE, GARY
1409 KINGSLEY AVENUE
SUITE #9-D
ORANGE PARK, FL 32073 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: PD () Delete
Name: DILORETO, THOMAS P.,
Address: 1409 KINGSLEY AVE., #9C
City-St-Zip: ORANGE PARK, FL

Title: D () Delete
Name: DAVIS, CAL
Address: 1409 KINGSLEY AVE 1-C
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: LUKE, GARY
Address: 1409 KINGSLEY AVE 9-D
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: HINKLE, ROBERT L
Address: 1409 KINGSLEY AVE BLDG 12
City-St-Zip: ORANGE PARK, FL 32073

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

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: GARY LUKE

D

02/23/2009

Electronic Signature of Signing Officer or Director

Date