

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
May 16, 2011  
Secretary of State**

DOCUMENT# N06391

**Entity Name:** THE FLORIDA WHIPS, INC.**Current Principal Place of Business:**19715 STATE RD 62  
PARRISH, FL 34219 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 183  
PARRISH, FL 34219 US**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DE GREEF, MARY  
19715 STATE RD 62  
PARRISH, FL 34219 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  
Name: DE GREEF, MARY  
Address: 19715 STATE RD 62  
City-St-Zip: PARRISH, FL 34219 US

Title: VPD  
Name: LOVE, DONA  
Address: 1550 SE 120TH AVE  
City-St-Zip: MORRISTON, FL 32668 US

Title: S  
Name: MIKLOS, MARY B  
Address: 10115 S. ARABIAN AVE  
City-St-Zip: FLORAL CITY, FL 34436 US

Title: T  
Name: BOEHLE, NELIE  
Address: 5469 81ST AVE CIR E  
City-St-Zip: PALMETTO, FL 34221 US

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: MARY DE GREEF

PD

05/16/2011

Electronic Signature of Signing Officer or Director

Date