

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000743

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: REGIONAL CENTER ASSOCIATION, INC.

## Current Principal Place of Business:

1701 HERMITAGE BLVD.  
STE. 202  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

2606 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 20-8609228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANAUSA, DANIEL E ESQUIRE  
3520 THOMASVILLE ROAD  
FOURTH FLOOR  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

M, H GILBERT  
2606 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 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: M H GILBERT

02/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PARRISH, ROBERT  
Address: 1701 HERMITAGE BLVD, SUITE 202  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BEHRMAN, DOUG  
Address: 1701 HERMITAGE BLVD, SUITE 202  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: LITTLEFIELD, CAROLYN  
Address: 2600 CENTENNIAL PLACE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: GILBERT, M H  
Address: 2606 CENTENNIAL PLACE  
City-St-Zip: TALLAHASSEE, FL 32308

## 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: ROBERT PARRISH

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date