2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

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Entity Name: FLORIDA CAREER PROFESSIONALS ASSOCIATION, INC.

Current Principal Place of Business:

1201 N. SCENIC HIGHWAY
MCCLENDON CAREER SERVICES CENTER
BABSON PARK, FL 33827

New Principal Place of Business:

Current Mailing Address:

1201 N. SCENIC HIGHWAY
MCCLENDON CAREER SERVICES CENTER
BABSON PARK, FL 33827

New Mailing Address:

FEI Number: 05-0523720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALFANO, ANDREA
1201 N. SCENIC HIGHWAY
MCCLENDON CAREER SERVICES CENTER
BABSON PARK, FL 33827 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: GAYNOR, DONA
Address: 150 W. UNIVERSITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: PPD ( ) Delete
Name: GATCH, DENISE
Address: 5840 26TH ST. W.
City-St-Zip: BRADENTON, FL 34206

Title: VPD ( ) Delete
Name: ROGERS, RAYMOND
Address: 1000 HOLT AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: SD ( ) Delete
Name: ALFANO, ANDREA
Address: 1201 N. SCENIC HIGHWAY
City-St-Zip: BABSON PARK, FL 33827

Title: TD ( ) Delete
Name: KOEGEL, ANDREA
Address: 5442 HOFFNER AVE.
City-St-Zip: ORLANDO, FL 32812

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:

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: DONA GAYNOR PD 03/04/2008

Electronic Signature of Signing Officer or Director — Date