2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N08000002025

Entity Name: OUR FLORIDA PROMISE, INC.

Current Principal Place of Business:

713 EAST PARK AVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

713 EAST PARK AVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 42-1757005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASZTALOS, ROBERT P
713 EAST PARK AVE
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: BELL, SCOTT
Address: 2 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete
Name: CAROTENUTO, BERNARDO J
Address: 702 SOUTH KINGS AVE
City-St-Zip: BRANDON, FL 335115925

Title: V ( ) Delete
Name: DUPLANTIS, PATRICK
Address: 10210 HIGHLAND MANOR DR STE 270
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: ESTES, NORMAN
Address: 931 FAIRFAX PARK
City-St-Zip: TUSCALOOSA, AL 35406

Title: D ( ) Delete
Name: FRANKLIN, DEBBIE
Address: 2806 FRITZKE ROAD
City-St-Zip: DOVER, LF 33527

Title: P ( ) Delete
Name: SYLVESTER, DAVID
Address: 1000 WEST COLONIAL DRIVE
City-St-Zip: OCOEE, FL 34761

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:

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: SCOTT BELL D 04/16/2009

Electronic Signature of Signing Officer or Director — Date