

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000493

**FILED**  
**Jul 20, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION OF PROFESSIONAL LOBBYISTS EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

150 SOUTH MONROE, SUITE 400  
TALLAHASSEE, FL 32302

**New Principal Place of Business:**

1625 SUMMIT LAKE DRIVE  
300  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

PO BOX 11238  
TALLAHASSEE, FL 32302

**New Mailing Address:**

1625 SUMMIT LAKE DRIVE  
300  
TALLAHASSEE, FL 32317

**FEI Number:** 61-1590021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, CARL  
150 SOUTH MONROE, SUITE 400  
TALLAHASSEE, FL 32302 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: DIR  
Name: YORK, JOE  
Address: 1625 SUMMIT LAKE DRIVE #300  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DIR  
Name: CORY, KEYNA  
Address: 1625 SUMMIT LAKE DRIVE #300  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DIR  
Name: GREEN, JENNIFER  
Address: 1625 SUMMIT LAKE DRIVE #300  
City-St-Zip: TALLAHASSEE, FL 32317

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: CARL ADAMS

PRES

07/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date