

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010920

FILED
Sep 07, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CONSULTANT PHARMACISTS, INC.

Current Principal Place of Business:

1564 LEE AVENUE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1564 LEE AVENUE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 27-1518923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILE, BRADLEY DANIEL
1564 LEE AVENUE
TALLAHASSEE, FL 32303 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
Name: KILE, BRADLEY DANIEL
Address: 1564 LEE AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: LITTLE, MARTHA
Address: 4689 CARLTON GOLF DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: GOLDSTEIN, ERIC
Address: 9803 GINERWOOD DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D
Name: DALLMAN, JANET
Address: 6106 55TH TERRACE EAST
City-St-Zip: BRADENTON, FL 34203

Title: D
Name: TEAL, STEVEN
Address: 17951 DANGLER ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D
Name: STARNES, LISA
Address: 3522 VELDA WOODS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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: BRADLEY DANIEL KILE

DIR.

09/07/2010

Electronic Signature of Signing Officer or Director

Date