

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010413

FILED
Mar 21, 2012
Secretary of State

Entity Name: FLORIDA SPECIALTY LICENSE PLATE ASSOCIATION, INC.

Current Principal Place of Business:

215 WEST COLLEGE AVE SUTIE 411
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

215 WEST COLLEGE AVE SUTIE 411
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 27-4210149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOIRE, MARTIN C
595 WEST GRANADA AVE SUITE J
ORMOND BEACH, FL 32174 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: GOLDSTEIN, SUSAN K
Address: 215 WEST COLLEGE AVE SUTIE 411
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: HAAS, DENNIS
Address: 10250 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: BOIRE, MARTIN C
Address: 595 W GRANADA BLVD STE J
City-St-Zip: ORMOND BEACH, FL 32174

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: MARTIN C. BOIRE

DIR

03/21/2012

Electronic Signature of Signing Officer or Director

Date