FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:06

DOCUMENT # **N10603** **(1)**

1. Corporation Name

FLORIDA ASSOCIATION OF PARKS AND RECREATION ADMI NISTRATORS, INC.

Principal Place of Business	Mailing Address
C/O THOMAS L. TAPP 301 N. ANDREWS AVENUE FORT LAUDERDALE FL 33301-1019	C/O THOMAS L. TAPP 301 N. ANDREWS AVENUE FORT LAUDERDALE FL 33301-1019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1985
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2588901 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TAPP, THOMAS L.
301 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE	ST	☐ Change ☐ Addition
NAME	TAPP, THOMAS L.	1.2 NAME	TAPP, THOMAS L.	
STREET ADDRESS	301 N. ANDREWS AVE.	1.3 STREET ADDRESS	1350 WEST BROWARD BOULEVARD	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	C	2.1 TITLE	C	☐ Change ☐ Addition
NAME	PRITCHARD, DAVEW	2.2 NAME	PRITCHARD, DAVE	
STREET ADDRESS	P O BOX 38	2.3 STREET ADDRESS	P.O. Box 38 N/A	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL	
TITLE	D	3.1 TITLE	D	☐ Change ☐ Addition
NAME	FERLITA, ROSS	3.2 NAME	FERLITA, ROSS	
STREET ADDRESS	7525 NO BLVD	3.3 STREET ADDRESS	7525 NO BLVD	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	KENT, SHARON	4.2 NAME	KENT, SHARON	
STREET ADDRESS	6591 SW 45 ST	4.3 STREET ADDRESS	6591 S.W. 45 STREET	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	DAVIE, FL	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	OVERSTREET, JOHN	5.2 NAME	OVERSTREET, JOHN	
STREET ADDRESS	400 ALEXANDRIA BLVD	5.3 STREET ADDRESS	400 ALEXANDRIA BLVD	
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	OVIEDO, FL	
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	MILLER, SUE	6.2 NAME	MILLER, SUE	
STREET ADDRESS	10500 NO MILITARY TRL	6.3 STREET ADDRESS	10500 NO MILITARY TRL	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	TALLAHASSEE, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption pursuant to Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Thomas L. Tapp 1/24/95 305 761 #348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000016