

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27403

FILED
Mar 14, 2008
Secretary of State

Entity Name: FLORIDA REGIONAL CONVENTION, INC.

Current Principal Place of Business:

706 N INGRAHAM AVE
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

706 N INGRAHAM AVE
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 65-0069637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SANDRA C
1111 HILLCREST DRIVE, NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

BAUMANN, LYNN M
2300 NW 66 AVENUE
MARGATE, FL 33063 US

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: LYNN M BAUMANN

03/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BAUMANN, LYNN
Address: 925 N. RIO VISTA BLVD
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: SMITH, BARBARA
Address: 3232 TENOROC MINE RD
City-St-Zip: LAKELAND, FL 33805

Title: PD () Delete
Name: COWINS-MILLER, SANDRA
Address: 1111 HILLCREST DRIVE, NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VPD () Delete
Name: DIMINNO, KELLY
Address: 575 BLOOMINGTON COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BAUMANN, LYNN
Address: 2300 NW 66 AVENUE
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change () Addition
Name: LAWSON, BARBRA
Address: 5243 - 18TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: PD (X) Change () Addition
Name: DIMINNO, KELLY
Address: 470 SOUTH PIN OAK UNIT 218
City-St-Zip: LONGWOOD, FL 32779

Title: VPD (X) Change () Addition
Name: SMITH, BARBARA
Address: 3233 TENOROC MINE ROAD
City-St-Zip: LAKELAND, FL 33805

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: LYNN M BAUMANN

TD

03/14/2008

Electronic Signature of Signing Officer or Director

Date