

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 19, 2011
Secretary of State

DOCUMENT# N27403

Entity Name: FLORIDA REGIONAL CONVENTION, INC.**Current Principal Place of Business:**706 N INGRAHAM AVE
LAKELAND, FL 33801 US**New Principal Place of Business:**2222 SOUTH COMBEE RD BAY #6
LAKELAND, FL 33801 US**Current Mailing Address:**706 N INGRAHAM AVE
LAKELAND, FL 33801 US**New Mailing Address:**2222 SOUTH COMBEE RD BAY #6
LAKELAND, FL 33801 US**FEI Number:** 65-0069637**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEHMAN, BENJAMIN
849 BALLARD ST
APT C
ALTAMONTE SPRINGS, FL 32701 US**Name and Address of New Registered Agent:**SMITH, SHARLENE
9625 PINE ISLAND ROAD
CLERMONT, FL 34711 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: SHARLENE SMITH

11/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD
Name: SMITH, SHARLENE
Address: 9625 PINE ISLAND RD
City-St-Zip: CLERMONT, FL 34711**Title:** VPD
Name: HENDRIX-TOLBERT, JENNIFER H
Address: 2675 VALIANT DRIVE
City-St-Zip: CLERMONT, FL 34711**Title:** TD
Name: CHERNICK, MARCIA
Address: 8155 DRIGGS HILL
City-St-Zip: WEST PALM BEACH, FL 33411

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: SHARLENE SMITH

PD

11/19/2011

Electronic Signature of Signing Officer or Director

Date