

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27403

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** FLORIDA REGIONAL CONVENTION, INC.

**Current Principal Place of Business:**

2222 SOUTH COMBEE RD BAY #6  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

2222 SOUTH COMBEE RD BAY #6  
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:**

SMITH, SHARLENE  
9625 PINE ISLAND ROAD  
CLERMONT, FL 34711 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: 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

Title: SEC  
Name: LAWSON, BARBRA B  
Address: 5243 18TH AVE NO  
City-St-Zip: ST PETERSBURG, FL 33710

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: MARCIA CHERNICK

TD

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date