

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 17, 2012
Secretary of State

DOCUMENT# N27403

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:**SMITH, SHARLENE
2222 SOUTH COMBEE RD BAY #6
LAKELAND, FL 33801 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: _____

09/17/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SMITH, SHARLENE
Address: 2222 SOUTH COMBEE RD BAY #6
City-St-Zip: LAKELAND, FL 33801

Title: VPD
Name: LAWSON, BARBRA B
Address: 2222 SOUTH COMBEE RD BAY #6
City-St-Zip: LAKELAND, FL 33801

Title: TD
Name: CHERNICK, MARCIA
Address: 2222 SOUTH COMBEE RD BAY #6
City-St-Zip: LAKELAND, FL 33801

Title: SEC
Name: MATTHEWS, AMANDA
Address: 2222 SOUTH COMBEE RD BAY #6
City-St-Zip: LAKELAND, FL 33801

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

CFO

09/17/2012

Electronic Signature of Signing Officer or Director

Date