

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27672

FILED
Mar 16, 2010
Secretary of State

Entity Name: PROMOTIONAL PRODUCTS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

5934 PARKSET DRIVE
LITHIA, FL 33547 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 89667
TAMPA, FL 33689 US

New Mailing Address:

FEI Number: 59-2977312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEARS, DEBORAH
5934 PARKSET DRIVE
LITHIA, FL 33547 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: P
Name: BAUER, LORI
Address: 14421 MYERLAKE CIR
City-St-Zip: CLEARWATER, FL 33760 US

Title: P
Name: MANCARI, LORRAYNE
Address: 4936 SHORELINE CIR
City-St-Zip: SANFORD, FL 32771 US

Title: D
Name: SMALL, HAL
Address: 2519 MCMULLEN BOOTH RD STE 510/272
City-St-Zip: CLEARWATER, FL 33761 US

Title: P
Name: MATCHAK, GEORGE
Address: 10274 HARBOR INN CT
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: T
Name: SINCLAIR, ROBERT
Address: 16355 SAN CARLOS BLVD. UNIT B
City-St-Zip: FT. MYERS, FL 33908 US

Title: S
Name: GREENBERG, WAYNE
Address: 3837 NORTHDAL BLVD. #386
City-St-Zip: TAMPA, FL 33624 US

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: LORRAYNE MANCARI

P

03/16/2010

Electronic Signature of Signing Officer or Director

Date