

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28156

FILED
Mar 14, 2009
Secretary of State

Entity Name: FLORIDA PROFESSIONAL PRESENTER'S CONSORTIUM, INC.

Current Principal Place of Business:

KING CENTER F/T PERF ARTS
MELBOURNE, FL 32935 US

New Principal Place of Business:

3865 N WICKHAM ROAD
MELBOURNE, FL 32935 US

Current Mailing Address:

3865 N.WICKHAM ROAD
MELBOURNE, FL 32935 US

New Mailing Address:

3865 N WICKHAM ROAD
MELBOURNE, FL 32935 US

FEI Number: 59-2992486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANICKI, STEVEN G
KING CENTER FOR THE PERFORMING ARTS
3865 N.WICKHAM ROAD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

JANICKI, STEVEN G
3865 N WICKHAM ROAD
MELBOURNE, FL 32935 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:

03/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KRATISH, JILL
Address: 201 SOUTHWEST 5TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PD () Delete
Name: JOSEPH, JUDY
Address: 1010 N. MACINNES PLACE
City-St-Zip: TAMPA, FL 33601

Title: VD () Delete
Name: JANICKI, STEVE
Address: 3865 N WICKHAM RD
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: JANICKI, STEVEN
Address: 3865 N.WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ALEXANDER, MARK
Address: 4200 CONGRESS AVE MS#62
City-St-Zip: LAKE WORTH, FL 33461

Title: VD (X) Change () Addition
Name: WALSH, TONY
Address: 283 COLLEGE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN JANICKI

TD

03/14/2009

Electronic Signature of Signing Officer or Director

Date