

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32677

FILED  
Jan 08, 2005  
Secretary of State

**Entity Name:** FLORIDA PARK SERVICE ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

558 S W MAXWELL COURT  
FORT WHITE, FL 32038 US

**New Principal Place of Business:**

**Current Mailing Address:**

558 S W MAXWELL COURT  
FORT WHITE, FL 32038 US

**New Mailing Address:**

**FEI Number:** 59-3120552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAXWELL, JUDITH  
558 S W MAXWELL COURT  
FORT WHITE, FL 32038 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: DP ( ) Delete  
Name: COOK, SANDY  
Address: 460 WAKULLA PARK DRIVE  
City-St-Zip: WAKULLA SPRINGS, FL 32327

Title: D ( ) Delete  
Name: DOMROSKI, RICHARD  
Address: 2629 ROYAL PALM DR  
City-St-Zip: EDGEWATER, FL 32142

Title: DS ( ) Delete  
Name: MAXWELL, JUDITH A  
Address: 558 SW MAXWELL COURT  
City-St-Zip: FORT WHITE, FL 32038

Title: DT ( ) Delete  
Name: RUNDLE, ROBERT  
Address: 36850 OVERSEAS HIGHWAY  
City-St-Zip: BIG PINE KEY, FL 33043

Title: DV ( ) Delete  
Name: LANDRUM, NEY  
Address: 126 MILL BRANCH ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDITH MAXWELL

DS

01/08/2005

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

\_\_\_\_\_  
Date