2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# N32677

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: D ( ) Delete
Name: APTHORP, GEORGE
Address: 460 WAKULLA PARK DRIVE
City-St-Zip: WAKULLA SPRINGS, FL 32327

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

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: 2100 WEST FRENCH AVE
City-St-Zip: ORANGE CITY, FL 32763 US

Title: DV ( ) Delete
Name: MAXWELL, CLIFTON
Address: 2601 ATLANTIC AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: LANDRUM, NEY
Address: 126 MILL BRANCH ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

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

Title: DT (X) Change ( ) Addition
Name: LINLEY, TOM
Address: 1125 SEMINOLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP (X) Change ( ) Addition
Name: MAXWELL, CLIFTON
Address: 1019 PINE TREE DR.
City-St-Zip: EUSTIS, FL 32726

Title: DV ( ) Change (X) Addition
Name: PERRY, WILLIAM L
Address: 2788 SPRING CREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JUDITH MAXWELL DS 04/02/2008

Electronic Signature of Signing Officer or Director — Date