

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32677

FILED
Mar 02, 2010
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: D
Name: APTHORP, GEORGE
Address: 2888 SPRING CREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DVP
Name: JONES, GEORGE
Address: 1182 S.E. MENDEAVIA AVE.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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

Title: DT
Name: LINLEY, TOM
Address: 2015 CHOWKEEBIN NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: MAXWELL, CLIFTON
Address: 1019 PINE TREE DR.
City-St-Zip: EUSTIS, FL 32726

Title: DP
Name: PERRY, WILLIAM L
Address: 2788 SPRING CREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JUDITH A. MAXWELL

DS

03/02/2010

Electronic Signature of Signing Officer or Director

Date