FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR -9 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36627 (0)

1. Corporation Name
FLORIDA TOURISM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
126 E ORANGE AVE PO BOX 15140 DAYTONA BEACH FL 32115	126 E ORANGE AVE PO BOX 15140 DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1990
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2983285 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 214 Royal Oak Circle	26 214 Royal Oak Cir
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Longwood, Fl	28 City & State: Longwood, Fl
24 Zip: 32779-3548 25 Country: US	29 Zip: 32779-3548 30 Country: US

9. Name and Address of Current Registered Agent

EVANS, JOHN E
901 SUNSET AVE
ORANGE CITY FL 32763-4733

10. Name and Address of New Registered Agent

81 Name: Thomas A. Monahan
82 Street Address (P.O. Box Number is Not Acceptable): 214 Royal Oak Cir
83
84 City: Longwood FL 85 Zip Code: 32779-3548

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Thomas A. Monahan, Executive Director 2-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	HERMAN, HAL	12 NAME	
STREET ADDRESS	5929 NW 151 ST	13 STREET ADDRESS	800001426608
CITY-ST-ZIP	MIAMI LAKES FL	14 CITY-ST-ZIP	-03/10/95--01068--004
TITLE	D	21 TITLE	*****68.75 ☐ Change ☐ Addition
NAME	ROSS, DONNA	22 NAME	
STREET ADDRESS	200 W. COLLEGE AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☑ Change ☐ Addition
NAME	SALYERS, JO	32 NAME	
STREET ADDRESS	1925 E IRLO BRONSON HWY	33 STREET ADDRESS	1900 Summit Tower Blvd. #600
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	Orlando, Fl 32810
TITLE	P	41 TITLE	☑ Change ☐ Addition
NAME	EVANS, JOHN E.	42 NAME	Delete
STREET ADDRESS	901 SUNSET AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, CHRISTOPHER L	52 NAME	
STREET ADDRESS	200 W COLLEGE	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASEE FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	QUA ☐ Change ☐ Addition
NAME	BENSON, HAYWARD JR	62 NAME	
STREET ADDRESS	221 W OAKLAND PARK BLVD	63 STREET ADDRESS	3-9
CITY-ST-ZIP	FT. LAUDERDALE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hal Herman Hal Herman 2-28-95 (305) 828-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0023307