

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36627

(0)

1. Corporation Name

FLORIDA TOURISM ASSOCIATION, INC.



Principal Place of Business

214 ROYAL OAK CIRCLE
LONGWOOD FL 32779-3548

Mailing Address

214 ROYAL OAK CIRCLE
LONGWOOD FL 32779-3548

3. Date Incorporated or Qualified

02/15/1990

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

MONAHAN, THOMAS
241 ROYAL OAK CIRCLE
LONGWOOD FL 32779-3548

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Thomas R. Monahan, Esq. Div

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-96

12. OFFICERS AND DIRECTORS

TITLE

CD

☒ DELETE

NAME

HERMAN, HAL

STREET ADDRESS

5929 NW 151 ST

CITY - ST - ZIP

MIAMI LAKES FL

TITLE

D

☐ DELETE

NAME

ROSS, DONNA

STREET ADDRESS

200 W. COLLEGE AVENUE

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

TD

☐ DELETE

NAME

SALYERS, JO

STREET ADDRESS

1900 SUMMIT TOWER BLVD. #600

CITY - ST - ZIP

ORLANDO FL 32810

TITLE

D

☒ DELETE

NAME

THOMPSON, CHRISTOPHER L

STREET ADDRESS

200 W COLLEGE

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

BD

☐ DELETE

NAME

BENSON, HAYWARD JR

STREET ADDRESS

221 W OAKLAND PARK BLVD

CITY - ST - ZIP

FT. LAUDERDALE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Fred Hornsberry
1060 Universal Studios Plaza
Orlando, FL 32819

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Malcolm Patterson
P.O. Box 1248
Santa Rosa Bch FL 32489

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Elaine McLaughlin
2180 West 1st Street
Fort Myers, FL 33901

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Edward Fouché
P.O. Box 10000
Orlando, FL 32830

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Thomas A. Monahan
214 Royal Oak
Longwood, FL

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-96

(407) 774-5756

CR2E037 (12/95)