

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90071 021 ****61.25

DOCUMENT # N36627

1. Corporation Name

FLORIDA TOURISM ASSOCIATION, INC.

Principal Place of Business

926 GREAT POND DRIVE
STE 1003
ALTAMONTE SPRINGS FL 32714-7244
US

Mailing Address

926 GREAT POND DR
#1003
ALTAMONTE SPRINGS FL 32714
US



2. Principal Place of Business

21 **900 Fox Valley Drive**

Suite, Apt. #, etc.

22 **Suite 204**

City & State

23 **Longwood, FL**

Zip

24 **32779**

Country

25 **USA**

2a. Mailing Address

26 **900 Fox Valley Drive**

Suite, Apt. #, etc.

27 **Suite 204**

City & State

28 **Longwood, FL**

Zip

29 **32779**

Country

30 **US**

3. Date Incorporated or Qualified

02/15/1990

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

9. Name and Address of Current Registered Agent

MONAHAN, THOMAS
926 GREAT POND DRIVE
SUITE 1003
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

900 Fox Valley Drive, Suite 204

83

84 City

Longwood

FL

85 Zip Code

32779

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD**
STREET ADDRESS **SIMS, BILL**
CITY-ST-ZIP **P O BOX N/A**
SILVER SPRINGS FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ROSS, DONNA**
CITY-ST-ZIP **200 W. COLLEGE AVENUE**
TALLAHASSEE FL

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **SALYERS, JO**
CITY-ST-ZIP **1900 SUMMIT TOWER BLVD. #600**
ORLANDO FL 32810

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **EDWARD FOUCHE**
CITY-ST-ZIP **P O BOX 10000 N/A**
ORLANDO FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **BENSON, HAYWARD JR**
CITY-ST-ZIP **221 W OAKLAND PARK BLVD**
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MALCOLM PATTERSON**
CITY-ST-ZIP **P O BOX 1248 N/A**
SANTA ROSA BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)