

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40287

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE FLORIDA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION, DANCE AND DRIVER EDUCATION, INC.

Current Principal Place of Business:

7632 OLD THYME COURT
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

7632 OLD THYME COURT
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 59-6141926 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOODS, SHERYL A
2506 ROSE SPRING DRIVE
ORLANDO, FL 33076 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: DTSM () Delete
Name: DOWD, KAREN J DR.
Address: 7632 OLD THYME COURT
City-St-Zip: PARKLAND, FL 33076 US

Title: DTSM () Delete
Name: NEWNAM, HOLLIE DR.
Address: 798 FOXHOUND DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

Title: DTSM () Delete
Name: EWBANK, JIM
Address: 1539 MISTY PLATEAU TRAIL
City-St-Zip: CLEARWATER, FL 33765 US

Title: DTSM () Delete
Name: KNITT, DONALD
Address: 229 TERRANOVA BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: DTSM () Delete
Name: CORACE, SUZANNE
Address: 6671 FIESTA WAY
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DTSM (X) Change () Addition
Name: CORACE, SUZANNE
Address: 6671 FIESTA WAY
City-St-Zip: FT. MYERS, FL 33919

Title: DTSM (X) Change () Addition
Name: BAKER, ROXANNE
Address: 95 N. 66TH AVENUE.
City-St-Zip: PENSACOLA, FL 32506

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: KAREN J. DOWD

DR

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date