

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40287

FILED  
Jan 06, 2010  
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 ( )**

**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  
Name: DOWD, KAREN J DR.  
Address: 7632 OLD THYME COURT  
City-St-Zip: PARKLAND, FL 33076 US

Title: DTSM  
Name: STERN, ERIC MR  
Address: 9132 DUPONT PLACE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: DTSM  
Name: WILBUR, SANDRA  
Address: 3433 TALLYWOOD LANE  
City-St-Zip: SARASOTA, FL 34237 US

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

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

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: KAREN J. DOWD

DR

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date