2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# N40287

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

Title: DTSM
Name: BANKS, RHONDA
Address: 807 WELDONA LANE # 205
City-St-Zip: ORLANDO, FL 32801

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 EXDR 02/21/2011

Electronic Signature of Signing Officer or Director — Date