

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48923

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ADLERIAN SOCIETY, INC.

**Current Principal Place of Business:**

2111 WEST SWANN  
SUITE 104  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

2111 WEST SWANN  
SUITE 104  
TAMPA, FL 33606 US

**New Mailing Address:**

**FEI Number:** 59-3142579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, TIMOTHY  
2810 WYOMING AVE  
TAMPA, FL 33611 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: SEC  
Name: HADDAK, NICOLA  
Address: 1504 39TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: PD  
Name: PERGAMENT RUNYON, LISA  
Address: 1807 SIR GEORGE TRAIL  
City-St-Zip: LAKELAND, FL 33809

Title: VPD  
Name: GAINFORTH, RANDALL  
Address: 5616 OAKLAND DR  
City-St-Zip: TAMPA, FL 33617

Title: D  
Name: EVANS, TIM  
Address: 2810 WYOMING AVE.  
City-St-Zip: TAMPA, FL 33611

Title: PD  
Name: CARTER, GERI  
Address: 2810 WYOMING AVE  
City-St-Zip: TAMPA, FL 33611

Title: T  
Name: KANE, DAN  
Address: 4001 W NORTH A ST  
City-St-Zip: TAMPA, FL 33609

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: DANIEL KANE

TRES

04/24/2010

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

\_\_\_\_\_  
Date