

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001031

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** FLORIDA DECA ASSOCIATION & FOUNDATION, INC.

**Current Principal Place of Business:**

632 BONIVIEW LANE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

632 BONIVIEW LANE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 23-7079474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THOMPSON, THOMAS  
1007 S. WASHINGTON  
TITUSVILLE, FL 32780 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: VD ( ) Delete  
Name: LEVENHAGEN, LYNORE  
Address: 632 BONIVIEW LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CD ( ) Delete  
Name: MIZELL, ARLEN  
Address: 555 W. MARTIN ST.  
City-St-Zip: APOPKA, FL

Title: D ( ) Delete  
Name: HOLT, JERRY  
Address: 1300 PALADIN WAY  
City-St-Zip: PLANTATION, FL 33317

**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:

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: LYNORE LEVENHAGEN

VD

03/23/2009

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

\_\_\_\_\_  
Date