

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004026

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** THE RANDALL PARR ORGANIZATION, INC.

**Current Principal Place of Business:**

24245 WILDERNESS OAK  
#2910  
SAN ANTONIO, TX 78258 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1190  
SPRING BRANCH, TX 78070 US

**New Mailing Address:**

**FEI Number:** 58-1815037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOSS, THOMAS E III  
934 E. ALTAMONTE DR.  
SUITE 1001  
ALTAMONTE SPRINGS, FL 32701 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:** DP  
**Name:** PARR, THOMAS R  
**Address:** 1175 LEANING OAK  
**City-St-Zip:** SPRING BRANCH, TX 78070

**Title:** DV  
**Name:** WALKER, JEFF  
**Address:** 34-500 BOB HOPE DRIVE  
**City-St-Zip:** RANCHO MIRAGE, CA 92270

**Title:** TD  
**Name:** PARR, AMBER R  
**Address:** 24245 WILDERNESS OAK, #2910  
**City-St-Zip:** SAN ANTONIO, TX 78258

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:** THOMAS R. PARR

DP

04/25/2011

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

\_\_\_\_\_  
Date