

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005021

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: FLORIDA GUIDES ASSOCIATION, INC.

## Current Principal Place of Business:

516 S. PLUMOSA ST  
UNIT 19  
MERRITT ISLAND, FL 32952

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 542991  
MERRITT ISLAND, FL 32954

## New Mailing Address:

FEI Number: 52-2394934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESELEY, RON  
516 S. PLUMOSA ST  
UNIT 19  
MERRITT ISLAND, FL 32952 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: P ( ) Delete  
Name: KELLY, PAT CAPT  
Address: 30 PLANTATION PARKWAY  
City-St-Zip: EVERGLADES CITY, FL 34139

Title: 1VD ( ) Delete  
Name: MARKETT, DAVE CAPT  
Address: 14913 WARMAN ST  
City-St-Zip: TAMPA, FL 33613

Title: STD ( ) Delete  
Name: PRESLEY, RON CAPT.  
Address: 516 S. PLUMOSA ST., #19  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SV ( ) Delete  
Name: SAPP, TROY CAPT.  
Address: 7612 JONES ROAD  
City-St-Zip: ODESSA, FL 33556

Title: 2VD ( ) Delete  
Name: NEVIASER, BUDD CAPT  
Address: 17 RICHMOND DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KELLY, PAT CAPT  
Address: 2322 DEERBROOK  
City-St-Zip: LAKE LAND, FL 33811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVD (X) Change ( ) Addition  
Name: SAPP, TROY CAPT.  
Address: 7612 JONES ROAD  
City-St-Zip: ODESSA, FL 33556

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: RON PRESLEY

STD

03/03/2009

Electronic Signature of Signing Officer or Director

Date