

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004191

1. Entity Name

**FLORIDA CHAPTER OF THE AMERICAN PLANNING
ASSOCIATION, INC.**



Principal Place of Business

**2040 DELTA WAY
TALLAHASSEE, FL 32303-4226**

Mailing Address

**2040 DELTA WAY
TALLAHASSEE, FL 32303-4226**



01192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1296856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COVEN, SHERI
2040 DELTA WAY
TALLAHASSEE, FL 32303-4226**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUBBARD, VALERIE
STREET ADDRESS 813 DEVON DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME DIXON, LINDA
STREET ADDRESS 4125 NW 30TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D
NAME TEEPLE, BRIAN
STREET ADDRESS 3428 BABICHE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE D
NAME UNGER, RICHARD
STREET ADDRESS 301 BECKETT COURT
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ED
NAME COVEN, SHERI
STREET ADDRESS 2040 DELTA WAY
CITY-ST-ZIP TALLAHASSEE, FL 323034226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000412545
02/10/06-80053-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheri Coven Sheri Coven

1-27-06

850-201-3272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If