


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90085 005 \*\*\*\*61.25

<b>DOCUMENT # N94000004191</b> 1. Entity Name <b>FLORIDA CHAPTER OF THE AMERICAN PLANNING ASSOCIATION, INC.</b>					
Principal Place of Business <b>2040 DELTA WAY TALLAHASSEE, FL 32303-4226</b>			Mailing Address <b>2040 DELTA WAY TALLAHASSEE, FL 32303-4226</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>52-1296856</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUINN, MARTHA B 2040 DELTA WAY TALLAHASSEE, FL 32303-4226</b>			7. Name and Address of New Registered Agent Name <b>Julia A. Magee</b> Street Address (P.O. Box Number is Not Acceptable) <b>2040 Delta Way</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303-4226</b>		
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 <u><i>Julia A. Magee</i></u> <b>Julia A. Magee</b> <b>1-17-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HUBBARD, VALERIE</b> <b>813 DEVON DRIVE</b> <b>TALLAHASSEE, FL 32308</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ED</b> <b>Julia A. Magee</b> <b>2040 Delta Way</b> <b>Tallahassee, FL 32303-4226</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TEEPLE, BRIAN</b> <b>3428 BABICHE STREET</b> <b>JACKSONVILLE, FL 32259</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>UNGER, RICHARD</b> <b>301 BECKETT COURT</b> <b>WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GLAS-CASTRO, KIM</b> <b>222 LAKEVIEW AVENUE, STE 800</b> <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <u><i>Julia A. Magee</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-17-08</b> <small>Date</small>		<b>850-201-3272</b> <small>Daytime Phone #</small>