

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004191

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** FLORIDA CHAPTER OF THE AMERICAN PLANNING ASSOCIATION, INC.

**Current Principal Place of Business:**

2040 DELTA WAY  
TALLAHASSEE, FL 323034226

**New Principal Place of Business:**

**Current Mailing Address:**

2040 DELTA WAY  
TALLAHASSEE, FL 323034226

**New Mailing Address:**

**FEI Number:** 52-1296856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINN, MARTHA B  
2040 DELTA WAY  
TALLAHASSEE, FL 323034226 US

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

DAILEY, RIXENA E  
2040 DELTA WAY  
TALLAHASSEE, FL 323034226 US

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: RIXENA E DAILEY

03/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TEEPLE, BRIAN  
Address: 3428 BABICHE STREET  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: UNGER, RICHARD  
Address: 301 BECKETT COURT  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: GLAS-CASTRO, KIM  
Address: 222 LAKEVIEW AVENUE, STE 800  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ED ( ) Delete  
Name: MAGEE, JULIA A  
Address: 2040 DELTA WAY  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BISHOP, MERLE  
Address: 3675 INNOVATION DRIVE  
City-St-Zip: LAKELAND, FL 33813

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: JULIA A MAGEE

ED

03/23/2009

Electronic Signature of Signing Officer or Director

Date