

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 11, 2011**  
**Secretary of State**

DOCUMENT# N95000000036

**Entity Name:** FLORIDA ADVISORY COUNCIL, INC.**Current Principal Place of Business:**2525 PONCE DE LEON BOULEVARD  
SUITE 400  
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**2525 PONCE DE LEON BOULEVARD  
SUITE 400  
CORAL GABLES, FL 33134 US**New Mailing Address:****FEI Number:** 65-0542858**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ST. JOHN, GREGORY  
700 SOUTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432 US**Name and Address of New Registered Agent:**ST. JOHN, GREGORY  
23397 LAGO MAR CIRCLE  
BOCA RATON, FL 33433 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:

03/11/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: TC  
Name: RICHARD, DODSON  
Address: 2525 PONCE DE LEON BLVD., STE. 400  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TS  
Name: YOSS, GEORGE T  
Address: 2525 PONCE DE LEON BLVD., STE. 400  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TT  
Name: KULPA, BOB  
Address: 2525 PONCE DE LEON BLVD., STE. 400  
City-St-Zip: CORAL GABLES, FL 33134 US

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: BOB KULPA

T

03/11/2011

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