


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000442</b> 1. Entity Name FLORIDA CHAPTER OF AMEND, INC.	
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Principal Place of Business 15904 BROCKWAY PLACE TAMPA, FL 33647	Mailing Address 15904 BROCKWAY PLACE TAMPA, FL 33647
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1480927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

FRAZIER, KAREN M  
15904 BROCKWAY PLACE  
TAMPA, FL 33647

**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: Karen M. Frazier, President DATE: 1/18/08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAZIER, KAREN M 15904 BROCKWAY PLACE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRICOT, ROSEMARY 16725 BRASSART RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIELDER, LINDA 9233 DAY FLOWER DR TAMPA, FL 33647
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01/29/08-80010-004 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: Karen M. Frazier DATE: 1/18/08 DAYTIME PHONE: 813-6319519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR