

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000442

FILED
Jan 25, 2009
Secretary of State

Entity Name: FLORIDA CHAPTER OF AMEND, INC.

Current Principal Place of Business:

15904 BROCKWAY PLACE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15904 BROCKWAY PLACE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 31-1480927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, KAREN M
15904 BROCKWAY PLACE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRAZIER, KAREN M
Address: 15904 BROCKWAY PLACE
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: FRICOT, ROSEMARY
Address: 16725 BRASSART RD
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: FIELDER, LINDA
Address: 9233 DAY FLOWER DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KAREN M. FRAZIER

PD

01/25/2009

Electronic Signature of Signing Officer or Director

Date