

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001721

FILED
Apr 29, 2009
Secretary of State

Entity Name: CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF GAINESVILLE, INC.

Current Principal Place of Business:

4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5401 W. KENNEDY BLVD.
SUITE 731
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2190900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHECKERS DRIVE IN RESTAURANTS
4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607 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: P () Delete
Name: GRAY, KERRY
Address: 9712 JASMINE BROOK CIRCLE
City-St-Zip: LAND O LAKES, FL 34638

Title: SEC () Delete
Name: NELLIS, JIM
Address: 4300 WEST CYPRESS STREET, SUITE 600
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MEDIANE, MARK
Address: 5304 PENWAY DR.
City-St-Zip: ORLANDO, FL 32814

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: KERRY GRAY

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date