

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001723

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

4300 WEST CYPRESS STREET
SUITE 600
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

6225 LINNEAL BCH
APOPKA, FL 32703 US

New Mailing Address:

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

FEI Number: 58-2053097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, THOMAS
6225 LINNEAL BEACH DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

CHECKERS
4300 W. CYPRESS ST.
SUITE 600
TAMPA, FL 33607 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: SHAKON TURNER

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MOORE, THOMAS E
Address: 6225 LINNEAL BCH DR
City-St-Zip: APOPKA, FL 32703

Title: DP () Delete
Name: PANDZA, PETER
Address: 4300 W CYPRESS ST #600
City-St-Zip: TAMPA, FL 33607

Title: VPD () Delete
Name: SNYDER, TERRI
Address: 4300 W CYPRESS ST #600
City-St-Zip: TAMPA, FL 33607

Title: DS (X) Delete
Name: NELLIS, JAMES
Address: 4300 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MORRISON, BOB
Address: 4300 W. CYPRESS ST. - SUITE 600
City-St-Zip: TAMPA, FL 33607

Title: TR (X) Change () Addition
Name: SMALL, YVONNE
Address: 4300 W CYPRESS ST #600
City-St-Zip: TAMPA, FL 33607

Title: SEC (X) Change () Addition
Name: TURNER, SHAKON
Address: 4300 W. CYPRESS ST. - SUITE 600
City-St-Zip: TAMPA, FL 33607

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: BOB MORRISON

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date