

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004487

FILED
Apr 02, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CONVENTION & VISITORS BUREAUS, INC.

Current Principal Place of Business:

335 BEARD ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14629
TALLAHASSEE, FL 323174629

New Mailing Address:

FEI Number: 65-0685010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD STREET
TALLAHASSEE, FL 32303 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: CD () Delete
Name: CATOE, PAUL
Address: 401 E JACKSON STREET, STE. 2100
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: LOOG, ROLAND
Address: 30 E UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: TD () Delete
Name: BOVELL, BECKY
Address: 18501 MURDOCK CIRCLE, STE. 502
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: MCQUEEN, CAROL
Address: PO BOX 1324
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: VARLEY, ROB
Address: 430 BREVARD AVE., STE. 150
City-St-Zip: COCOA VILLAGE, FL 32922

Title: D () Delete
Name: WHEELER, HAROLD
Address: 1201 WHITE STREET, STE. 102
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: BOVELL, BECKY
Address: 18501 MURDOCK CIRCLE, STE. 502
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VCD (X) Change () Addition
Name: LOOG, ROLAND
Address: 30 E UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: TD (X) Change () Addition
Name: REYES, JOHN
Address: 550 WATER STREET, SUITE 1000
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: SD (X) Change () Addition
Name: JACKSON, MARK
Address: 600 N BROADWAY, STE. 300
City-St-Zip: BARTOW, FL 33830

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: BECKY BOVELL

CD

04/02/2009

Electronic Signature of Signing Officer or Director

Date