

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000207**

1. Entity Name  
FLORIDA RETAIL FOUNDATION, INC.



Principal Place of Business  
227 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301-1720

Mailing Address  
227 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301-1720



05132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3430333**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MCALLISTER, RICHARD A  
227 S ADAMS ST  
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	RUPPERT, ANN
STREET ADDRESS	22 E FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VC D
NAME	GAVALAS, VICTOR
STREET ADDRESS	212 S MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	ST
NAME	CARPENTER, ELAINE MANN
STREET ADDRESS	227 S ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	P
NAME	MCALLISTER, RICHARD A
STREET ADDRESS	227 S ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000951547  
06/04/08-80040-008 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/2008

Date

80-222-4082

Daytime Phone #