

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005015

FILED
Jan 07, 2006
Secretary of State

Entity Name: THE FLORIDA RECREATION AND PARK ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

411 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 323012756

New Principal Place of Business:

Current Mailing Address:

411 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 323012756

New Mailing Address:

FEI Number: 59-3469943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARMACK, ELEANOR
411 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 323012756 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: D () Delete
Name: MELI, FRAN
Address: 510 BAKER ST.
City-St-Zip: MOUNT DORA, FL 32757

Title: P () Delete
Name: MANZO, BARBARA
Address: 3410 PALM BEACH BOULEVARD
City-St-Zip: FORT MYERS, FL 33916

Title: T () Delete
Name: KESSINGER, JOHN
Address: 2258 HIGHLAND WOODS DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: S () Delete
Name: KESSINGER, SARA
Address: 2258 HIGHLAND WOODS DR.
City-St-Zip: DUNEDIN, FL 34698

Title: PP () Delete
Name: RECKER, JULIA
Address: 101 N CHURCH ST
City-St-Zip: KISSIMMEE, FL 347415755

Title: D () Delete
Name: MCCARTHY, JOHN
Address: 6700 CLARK ROAD
City-St-Zip: SARASOTA, FL 34241

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:

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 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: ELEANOR WARMACK

ED

01/07/2006

Electronic Signature of Signing Officer or Director

Date