2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

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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:	175 W WARREN AVENUE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	PP	( ) 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:	T	( ) Delete
Name:	KESSINGER, SARA	
Address:	2258 HIGHLAND WOODS DR.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	S	( ) Delete
Name:	PRINCE, ROSEMARY	
Address:	206 TULLY GYM	
City-St-Zip:	TALLAHASSEE, FL 32306	
Title:	P	( ) 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 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 J WARMACK ED 01/09/2008

Electronic Signature of Signing Officer or Director — Date