

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005182

FILED
Mar 23, 2008
Secretary of State

Entity Name: FLORIDA MOPAR ASSOCIATION, INCORPORATED

Current Principal Place of Business:

601 MILAN DRIVE
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

C/O FMA
P.O. BOX 486
EAGLE LAKE, FL 338390486

New Mailing Address:

FEI Number: 59-3573669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENKOW, ANITA
601 MILAN DRIVE
KISSIMMEE, FL 34758 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: MORTON, JACK
Address: 12652 W. FRANKLIN ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: SD () Delete
Name: LEWIS, FRED
Address: 3250 RAMBLER AVE
City-St-Zip: ST. CLOUD, FL 32839

Title: TD () Delete
Name: SENKOW, ANITA
Address: P.O. BOX 460
City-St-Zip: INTERCESSION CITY, FL 33848

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:

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: ANITA SENKOW

TD

03/23/2008

Electronic Signature of Signing Officer or Director

Date