2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N99000000490

Entity Name: FLORIDA MAGICIANS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ROBERT M. SCHVEY
2938 SANDY BRANCH LANE
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT M. SCHVEY
2938 SANDY BRANCH LANE
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 94-1687665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHVEY, ROBERT M
2938 SANDY BRANCH LANE
JACKSONVILLE, FL 32257 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: PRES ( ) Delete
Name: STAPLETON, DAN
Address: 8237 BANYAN BLVD.
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete
Name: COOK, IRVING
Address: 136 SOUTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S/T ( ) Delete
Name: SCHVEY, ROBERT M
Address: 2938 SANDY BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SILVER, JEFFERY G
Address: 3401PONCE DE LEON
City-St-Zip: CORAL GABLES, FL 33134

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: ROBERT M. SCHVEY SECY 04/15/2009

Electronic Signature of Signing Officer or Director — Date