2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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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:

SIMONE MARRON
1825 EVANS DRIVE S
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

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

New Mailing Address:

SIMONE MARRON
1825 EVANS DRIVE S
JACKSONVILLE BEACH, FL 32250

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:

MARRON, SIMONE
1825 EVANS DRIVE S
JACKSONVILLE BEACH, FL 32250 US

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: SIMONE MARRON 01/06/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STAPLETON, DAN
Address: 8237 BANYAN BLVD.
City-St-Zip: ORLANDO, FL 32819

Title: VP
Name: SCHVEY, ROBERT M
Address: 2938 SANDY BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: S/T
Name: MARRON, SIMONE
Address: 1825 EVANS DRIVE S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: SIMONE MARRON S/T 01/06/2010
Electronic Signature of Signing Officer or Director Date