SIGNATURE: GENEVIEVE RAINEY

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733387

Entity Name: FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.

Current Principal Place of Business:

400 CAPITAL CIRCLE SE STE 18-263 TALLAHASSEE, FL 32301

Current Mailing Address:

400 CAPITAL CIRCLE SE STE 18-263 TALLAHASSEE, FL 32301 US

FEI Number: 59-2389989

Name and Address of Current Registered Agent:

RAINEY, GENEVIEVE 400 CAPITAL CIRCLE S.E. SUITE 18-263 TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	VP	
Name	MILLS, RON	Name	GARNER, SCOTT	
Address	400 CAPITAL CIRCLE SE STE 18-263	Address	400 CAPITAL CIRCLE SE, STE 18-263	
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301	
Title	ED	Title	S	
Name	RAINEY, GENEVIEVE	Name	MORGAN, SHAYNE	
Address	400 CAPITAL CIRCLE SE, STE 18-263	Address	400 CAPITAL CIRCLE SE, STE 18-263	
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301	
Title	т	Title	PP	
Name	WARD, JOHN	Name	MILLER, ANNE M	
Address	400 CAPITAL CIRCLE SE, STE 18-263	Address	400 CAPITAL CIRCLE SE STE 18-263	
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301	

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.

EXECUTIVE DIRECTOR 02/12/2013

FILED Feb 12, 2013 Secretary of State CC5718863978

Certificate of Status Desired: No

Date

Date