

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765958

FILED
May 10, 2009
Secretary of State

Entity Name: FLORIDA HIGH SCHOOLS MODEL UNITED NATIONS, INC.

Current Principal Place of Business:

1540 N. LOCKWOOD RIDGE RD.
#129
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

1105 W KNOLLWOOD ST
TAMPA, FL 336046419 US

New Mailing Address:

FEI Number: 59-2274688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSTON, GERALD R
1105 W KNOLLWOOD ST
TAMPA, FL 336046419 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: JOHNSTON, GERALD R
Address: 1105 W KNOLLWOOD ST
City-St-Zip: TAMPA, FL 33604

Title: CM () Delete
Name: SUTLIFF, BRIAN D
Address: 1540 N. LOCKWOOD RIDGE RD. #129
City-St-Zip: SARASOTA, FL 34237

Title: TD () Delete
Name: NORDEN, NICK
Address: 8341 TOBAGO LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: BASIRI, FARHOOD
Address: 1316 S. MERIDIAN ST., #4
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BILLINGS, RAEMIL MR
Address: P.O. BOX 5727
City-St-Zip: DELTONA, FL 32728

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:

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: GERALD R. JOHNSTON

D

05/10/2009

Electronic Signature of Signing Officer or Director

_____ Date