2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# 706978

Entity Name: THE FLORIDA ELECTRONIC SALES AND SERVICE ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1409 GLENDALE RD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

1409 GLENDALE RD
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 23-7406774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, BILLY F
1409 GLENDALE RD
JACKSONVILLE, FL 32216 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:	P	( ) Delete
Name:	EUBANKS, PAT	
Address:	5323-3 FIRESTONE RD.	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	D	( ) Delete
Name:	EUBANKS, JOHN	
Address:	5323-3 FIRESTONE	
City-St-Zip:	JAAX, FL 32210	
Title:	D	( ) Delete
Name:	SCOTT, LARRY	
Address:	507 S. LAKE PARKER DR.	
City-St-Zip:	LAKELAND, FL	
Title:	VP	( ) Delete
Name:	ALLEN, ETHAN	
Address:	10878 CARROL RD.	
City-St-Zip:	BRYCEVILLE, FL 32009	
Title:	T	( ) Delete
Name:	WILLIAMS, BILLY	
Address:	1409 GLENDALE RD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	BLUZE, MARAGARET	
Address:	11448 128TH AVE.	
City-St-Zip:	LARGO, FL 33778	

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:	
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: BILLY F. WILLIAMS TREA 04/18/2009

Electronic Signature of Signing Officer or Director — Date