

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734611

FILED
Jan 06, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF WHOLESALE DISTRIBUTORS, INC.

Current Principal Place of Business:

110-A SOUTH MONROE ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 10747
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-1733725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEPP, DAVID A
1818 HARDEN BLVD. STE 140
LAKELAND, FL 33803 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: FRANCIS, ROY
Address: 3210 REYNOLDS ROAD
City-St-Zip: LAKELAND, FL 32804

Title: D () Delete
Name: JOHN, WATSON
Address: 2729 HANROB ROAD
City-St-Zip: ORLANDO, FL 32804

Title: ED () Delete
Name: SHEPP, DAVID A
Address: 1818 HARDEN BLVD. STE 140
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: TEAL, DAN
Address: 2001 W GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32501

Title: P () Delete
Name: COURSON, CARL
Address: P.O. BOX 198
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: HAZARD, JOHN
Address: PO BOX 522410
City-St-Zip: LONGWOOD, FL 32752

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: P (X) Change () Addition
Name: TEEL, DAN
Address: 2001 W GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change () Addition
Name: COURSON, CARL
Address: P.O. BOX 198
City-St-Zip: BELLE GLADE, FL 33430

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: DAVID A. SHEPP

ED

01/06/2009

Electronic Signature of Signing Officer or Director

Date