

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747118

FILED
Apr 02, 2009
Secretary of State

Entity Name: FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 323174629 US

New Mailing Address:

FEI Number: 59-1915268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD ST
TALLAHASSEE, FL 32303 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: CD () Delete
Name: BROWNING, RANDY
Address: 3725 FRONTAGE ROAD
City-St-Zip: LAKE LAND, FL 33810

Title: SD () Delete
Name: MCFEELY, JOHN
Address: PO BOX 2007
City-St-Zip: LAKE CITY, FL 32056

Title: TD () Delete
Name: DUNCAN, JIM
Address: 1117 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: CD () Delete
Name: BROWN, TIM
Address: 1900 OLD OKEECHOBEE ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: ARNOFF, MARC
Address: 3620 S FEDERAL HWY
City-St-Zip: FT PIERCE, FL 34982

Title: D () Delete
Name: PARKS, LARRY
Address: 1622 91ST COURT
City-St-Zip: VERO BEACH, FL 32966

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: D (X) Change () Addition
Name: BROWN, TIM
Address: 1900 OLD OKEECHOBEE ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

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: RANDY BROWNING

C

04/02/2009

Electronic Signature of Signing Officer or Director

Date