

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714998

FILED
Jan 16, 2018
Secretary of State
CC3600984009

Entity Name: FLORIDA PEST MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

9005 E MARTIN LUTHER KING DRIVE
SUITE 245
TARPON SPRINGS, FL 34698

Current Mailing Address:

PO BOX 0294
GOLDENROD, FL 32733-0294 US

FEI Number: 59-0839828

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSS OFFICE SUPPORT SERVICES, INC.
2789 WRIGHTS ROAD
SUITE 1021
OVIEDO, FL 32765 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: KEVIN CHINFATT

01/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name TULP, ANNE-MARIE
Address 615 NW MERCANTILE PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title PRESIDENT
Name LUM, STEVE
Address 2091 N HARBOR CITY BLVD
City-State-Zip: MELBOURNE FL 32935

Title VP
Name FERGUSON, VANESSA
Address PO BOX 771616
City-State-Zip: MIAMI FL 33177

Title PRESIDENT-ELECT
Name HOFFER, ERIC
Address 12329 NW 35 STREET
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER
Name SIMPKINS, JONATHAN
Address 5002 WEST LINEBAUGH AVENUE
SUITE F
City-State-Zip: TAMPA FL 33624

Title SECRETARY
Name VARONA, KYLE
Address PO BOX 4093
City-State-Zip: SARASOTA FL 34230

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.

SIGNATURE: STEVE LUM

PRESIDENT

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date