

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714998

**Entity Name:** FLORIDA PEST MANAGEMENT ASSOCIATION, INC.

**FILED**  
**Jan 24, 2022**  
**Secretary of State**  
**6578860451CC**

**Current Principal Place of Business:**

C/O OSS OFFICE SUPPORT SERVICES, INC.  
409 E OAKLAND AVENUE SUITE A  
OAKLAND, FL 34787

**Current Mailing Address:**

PO BOX 0196  
OAKLAND, FL 34760 US

**FEI Number: 59-0839828**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

OSS OFFICE SUPPORT SERVICES, INC.  
409 E OAKLAND AVENUE  
SUITE A  
OAKLAND, FL 34787 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**

**01/24/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name GRAHAM, SUZANNE  
Address 315 GROVELAND STREET  
City-State-Zip: ORLANDO FL 32804-4052

Title VP  
Name CHRIS, CAVANAGH  
Address 737 SW 9TH TERR  
City-State-Zip: POMPANO BEACH FL 33069

Title TREASURER  
Name JEREMY, MANEOL  
Address 5951 ARLINGTON EXPRESSWAY  
City-State-Zip: JACKSONVILLE FL 32211

Title SECRETARY  
Name ZACE, ELLIOT  
Address 2091 N. HARBOR CITY BLVD.  
City-State-Zip: MELBOURNE FL 32935

*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: SUZANNE GRAHAM**

**PRESIDENT**

**01/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date