2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714998

Entity Name: FLORIDA PEST MANAGEMENT ASSOCIATION, INC.

FILED Aug 20, 2015 Secretary of State CC2622881904

Current Principal Place of Business:

600 CLEVELAND STREET

SUITE 780

CLEARWATER, FL 33755

Current Mailing Address:

600 CLEVELAND STREET

SUITE 780

CLEARWATER, FL 33755 US

FEI Number: 59-0839828 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE ASSOCIATION SOURCE LLC 600 CLEVELAND STREET SUITE 780

CLEARWATER, FL 33755 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: JODY ROSEN 08/20/2015

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PAST PRESIDENT Title **PRESIDENT**

Name RILEY, BILLY Name KEITH, RUEBELING

PO BOX 1253 604 ELM ST Address Address

LEHIGH ACRES FL 33970 City-State-Zip: NICEVILLE FL 32578 City-State-Zip:

٧P Title PRESIDENT-ELECT Title

Name JONES, ADAM W Name ADAM, JONES

Address 315 GROVELAND STREET Address 315 GROVELAND STREET

City-State-Zip: ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

Title **TREASURER** Title VICE PRESIDENT LUM. STEVE Name Name ANNE MARIE, TULP

Address 2091 N HARBOR CITY BLVD Address 615 NW MERCANTILE PLACE City-State-Zip: MELBOURNE FL 32935

City-State-Zip: PORT ST LUCIE FL 34986

Title **CFO**

Name JODY, ROSEN

600 CLEVELAND STREET Address

SUITE 780

City-State-Zip: CLEARWATER FL 33755

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.

08/20/2015 SIGNATURE: JODY ROSEN **CFO**