

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715729

**Entity Name:** DISTILLED SPIRITS WHOLESALERS OF FLORIDA  
EDUCATIONAL FOUNDATION, INC.

**FILED**  
**Jan 06, 2014**  
**Secretary of State**  
**CC9800923415**

**Current Principal Place of Business:**

215 S MONROE ST  
STE 800-A  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

215 S MONROE ST  
STE 800-A  
TALLAHASSEE, FL 32301 US

**FEI Number: 23-7002435**

**Certificate of Status Desired: No**

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

ASHLEY, SCOTT T  
215 S. MONROE ST 800-A  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           D  
Name           CRISSES, ANDREW M  
Address        60 EAST 42ND STREET, SUITE 1915  
City-State-Zip: NEW YORK NY 10165

Title           D  
Name           ROSENBERG, JERRY  
Address        P.O. BOX 44127  
City-State-Zip: ATLANTA GA 30336-1127

Title           PT  
Name           ASHLEY, SCOTT T  
Address        215 S. MONROE ST., 800-A  
City-State-Zip: TALLAHASSEE FL 32301

Title           D  
Name           POWER, STEPHEN  
Address        2900 S.W. 149TH AVE, SUITE 300  
City-State-Zip: MIRAMAR FL 33027

*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: SCOTT T. ASHLEY**

**PRESIDENT**

**01/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date