

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740750

Entity Name: FLORIDA CRAFTSMEN**Current Principal Place of Business:**501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**Current Mailing Address:**501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**FEI Number:** 23-7375994**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHELLY, DIANE LEX DIR
FLORIDA CRAFTSMEN INC
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 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	P, D
Name	SIMPSON, GAIL
Address	1900 MUND PLACE SO
City-State-Zip:	ST PETERSBURG FL 33712

Title	S, D
Name	HOWD, KATHRYN
Address	842 36TH AVE. N.
City-State-Zip:	ST. PETERSBURG FL 33704

Title	T, D
Name	MILLER, ALVINA
Address	2116 4TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33704

Title	VP, DIRECTOR
Name	BUTZ, SARAH
Address	3233 MELTON ST. N.
City-State-Zip:	ST. PETERSBURG FL 33704

Title	ED
Name	SHELLY, DIANE L
Address	1515 6TH ST W
City-State-Zip:	PALMETTO FL 34221

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: DIANE SHELLY**EXECUTIVE DIRECTOR****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date