

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747118

**Entity Name:** FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, INC.

**FILED**  
**Jan 06, 2020**  
**Secretary of State**  
**0559185954CC**

**Current Principal Place of Business:**

1621 METROPOLITAN BLVD #202  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1400 VILLAGE SQUARE BLVD #3-175  
TALLAHASSEE, FL 32312 US

**FEI Number: 59-1915268**

**Certificate of Status Desired: No**

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

LOHRENGEL, PETER  
1400 VILLAGE SQUARE BLVD #3-175  
TALLAHASSEE, FL 32312 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 C  
Name NEWITT, ANDY  
Address 15070 CORPORATE ROAD NORTH  
City-State-Zip: JUPITER FL 33478

Title T  
Name DUNCAN, JIM  
Address 1117 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY  
Name PARKS, JACOB  
Address 1400 VILLAGE SQUARE BLVD  
#3-175  
City-State-Zip: TALLAHASSEE FL 32312

*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: ANDY NEWITT**

**C**

**01/06/2020**

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

\_\_\_\_\_  
Date