

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747118

Entity Name: FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, INC.**FILED**
Apr 03, 2014
Secretary of State
CC4024026216**Current Principal Place of Business:**1390 TIMBERLANE ROAD
TALLAHASSEE, FL 32312**Current Mailing Address:**1390 TIMBERLANE ROAD
TALLAHASSEE, FL 32312 US**FEI Number: 59-1915268****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKROB, ROBERT
1390 TIMBERLANE ROAD
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	S
Name	PARKS, LARRY
Address	1622 91ST COURT
City-State-Zip:	VERO BEACH FL 32966

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

Title	D
Name	BROWING, RANDY
Address	3725 FRONTAGE ROAD N
City-State-Zip:	LAKELAND FL 33810

Title	D
Name	ARNOFF, MARC
Address	3620 S FEDERAL HWY
City-State-Zip:	FT PIERCE FL 34982

Title	D
Name	SHAY, DAVID
Address	PO BOX 1647
City-State-Zip:	SARASOTA FL 34230

Title	VC
Name	JOHNSON, MIKE
Address	2340 TRAILMATE DRIVE
City-State-Zip:	SARASOTA FL 34243

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**CHAIRMAN****04/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date