

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748908

**Entity Name:** FLORIDA AUTOMOBILE DEALERS ASSOCIATION

**Current Principal Place of Business:**

400 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

400 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301

**FEI Number:** 59-0245515

**Certificate of Status Desired:** No

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

SMITH, THEODORE LTED  
400 NORTH MERIDIAN STREET  
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 DIRECTOR  
Name GRAHAM, HAMPTON  
Address 701 RIVERSIDE PARK PLACE, SUITE 310  
City-State-Zip: JACKSONVILLE FL 32204-

Title DIRECTOR  
Name KRAFT, CHRIS  
Address 3277 MAHAN DR  
City-State-Zip: TALLAHASSEE FL 32308-

Title PRESIDENT  
Name SMITH, THEODORE L  
Address 400 N MERIDIAN STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title PAST CHAIRMAN  
Name O'STEEN, TOM  
Address 11401 PHILIPS HWY.  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name TURNER, ALLEN  
Address 6000 PENSACOLA BLVD  
City-State-Zip: PENSACOLA FL 32505

Title CHAIRMAN  
Name WILDSTEIN, ALAN  
Address PO BOX 9200  
City-State-Zip: SEBRING FL 33871

Title CHAIRMAN ELECT  
Name DAY, ERIK  
Address 20800 NW 2ND AVE.(HWY 441)  
City-State-Zip: MIAMI FL 33169

Title DIRECTOR  
Name MCNAMARA, PAUL  
Address 3776 W COLONIAL DR  
City-State-Zip: ORLANDO FL 32808

**Continues on page 2**

*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:** THEODORE SMITH

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04/08/2019

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BOZARD, BO  
Address 540 OUTLET MALL BLVD.  
City-State-Zip: ST AUGUSTINE FL 32084

Title DIRECTOR  
Name SOULLIERE, GREG  
Address 2901 34TH ST N  
City-State-Zip: ST PETERSBURG FL 33713

Title DIRECTOR  
Name SHEEHAN, TOM  
Address 2800 N FEDERAL HWY  
City-State-Zip: LIGHTHOUSE POINT FL 33064-

Title DIRECTOR  
Name KISSELBACK, BOBBY  
Address 1118 13TH ST  
City-State-Zip: ST CLOUD FL 34759

Title DIRECTOR  
Name MAHALAK , MIKE  
Address 299 CYPRESS GARDENS BLVD.  
City-State-Zip: WINTER HAVEN FL 33880-

Title DIRECTOR  
Name PARKS, RONALD  
Address 5088 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33614-

Title TREASURER  
Name ASSIMENIOS, TELIS  
Address 9850 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name DOUGLAS, GREG  
Address 2382 TAMIAMI TRL S  
City-State-Zip: VENICE FL 34293

Title DIRECTOR  
Name LEE, JOHN  
Address 120 E 23RD ST  
City-State-Zip: PANAMA CITY FL 32405-

Title DIRECTOR  
Name LETSON, CONRAD  
Address 9051 E COLONIAL DR  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name KELLY, TIM  
Address 776 MAGNOLIA AVE  
City-State-Zip: MELBOURNE FL 32935