

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003685

**Entity Name:** FLORIDA STATE FIDDLERS ASSOCIATION, INC.

**Current Principal Place of Business:**

104 EESTAILULKEE ST.  
MICANOPY, FL 32667

**Current Mailing Address:**

FLORIDA STATE FIDDLERS ASSOCIATION, INC.  
P.O. BOX 713  
MICANOPY, FL 32667

**FEI Number:** 59-2231679

**Certificate of Status Desired:** No

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

IVEY, AISHA  
1802 PEPPER DRIVE  
TALLAHASSEE, FL 32304 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            PRES  
Name            IVEY, AISHA  
Address        1802 PEPPER DRIVE  
City-State-Zip: TALLAHASSEE FL 32304

Title            VP  
Name            WILLIAMS, BINK  
Address        352 SURF ROAD  
City-State-Zip: SOPCHOPPY FL 32358

Title            TREA  
Name            BAROODY, LISA  
Address        3 BLUE CRAB LANE  
City-State-Zip: PANACEA FL 32346

Title            SEC  
Name            ALLGIRE, MARY  
Address        742 SPIRAL GARDEN WAY  
City-State-Zip: TALLAHASSEE FL 32305

*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:** LISA H. BAROODY

**TRES**

**04/29/2013**

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

\_\_\_\_\_  
Date