

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001356

**Entity Name:** FFIAC, INC.

**Current Principal Place of Business:**

2300 SW 112TH AVENUE  
DAVIE, FL 33325

**Current Mailing Address:**

2300 SW 112TH AVENUE  
DAVIE, FL 33325

**FEI Number:** 80-0417932

**Certificate of Status Desired:** No

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

CASEY, SHERRY  
2300 SW 112TH AVENUE  
DAVIE, FL 33325 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 D  
Name CONTINO, JOSEPH  
Address 2501 ANTIGUA TERRACE, L-2  
City-State-Zip: COCONUT CREEK FL 33066

Title VP  
Name GIANNETTINO, BARBARA  
Address 1200 ST. CHARLES PLACE, #612  
City-State-Zip: PEMBROKE PINES FL 33026

Title D.  
Name CASEY, FRANK  
Address 2300 S.W. 112TH AVENUE  
City-State-Zip: DAVIE FL 33325

Title T  
Name CASEY, SHERRY  
Address 2300 SW 112TH AVENUE  
City-State-Zip: DAVIE FL 33325

Title P.  
Name PETRECCIA, RITA  
Address 232 OCEANIC AVENUE  
City-State-Zip: LAUDERDALE BY THE SEA FL 33308

Title S.  
Name IDA, GIANNETTINO  
Address 1600 ST. CHARLES PLACE, #612  
City-State-Zip: PEMBROKES PINES FL 33026

*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:** SHERRY CASEY

**TREASURER**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date