

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002617

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC7415211203**

**Entity Name:** THE FLORIDA KNIFE COLLECTORS ASSOCIATION,  
INCORPORATED

**Current Principal Place of Business:**

4220 S. HOPKINS AVE.  
TITUSVILLE, FL 32780

**Current Mailing Address:**

300 W. VIRGINIA DRIVE  
TITUSVILLE, FL 32796 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

BENNETT, JON A  
300 W. VIRGINIA DRIVE  
TITUSVILLE, FL 32796 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: JON A BENNETT**

**04/11/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name VENTO, MARIO  
Address 4220 S. HOPKINS AVE.  
City-State-Zip: TITUSVILLE FL 32780

Title VP  
Name BRIGANTE, ED  
Address 4220 S. HOPKINS AVE.  
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR  
Name HARRELL, SPEEDY  
Address 4220 S. HOPKINS AVE.  
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER  
Name BENNETT, JON A  
Address 300 W. VIRGINIA DRIVE  
City-State-Zip: TITUSVILLE FL 32796

Title PRESIDENT  
Name GRUMBLEY, MIKE  
Address 4220 S. HOPKINS AVE.  
City-State-Zip: TITUSVILLE FL 32780

*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: JON BENNETT**

**TREASURER**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date