

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

DOCUMENT# N13000002437

**Entity Name:** NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION  
POLITICAL ACTION COMMITTEE, INC.

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**5672404466CC**

**Current Principal Place of Business:**

3327 WEST BEARSS AVENUE  
TAMPA, FL 33618

**Current Mailing Address:**

3327 WEST BEARSS AVENUE  
TAMPA, FL 33618

**FEI Number: 46-2224653**

**Certificate of Status Desired: No**

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

HUBBARD, DAVID  
3327 WEST BEARSS AVENUE  
TAMPA, FL 33618 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            DIR.  
Name            COOK, SAM  
Address        3327 WEST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

Title            DIR.  
Name            KOEBLITZ, BILL  
Address        3327 WEST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

Title            DIR.  
Name            MAY, RICHARD  
Address        3327 WEST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

Title            DIR.  
Name            MANSFIELD, ERIC  
Address        3327 WEST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            DEMOTT, JUD  
Address        3327 WEST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            BARONE, TIM  
Address        3327 WEST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            BLAKE, CHAD  
Address        3327 WEST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            NEWTON, RUSS  
Address        3327 WEST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

*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: DAVID GOCH O/B/O CHAD BLAKE**

**04/16/2019**

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

\_\_\_\_\_  
Date