

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002437

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

**FILED**  
**Mar 31, 2020**  
**Secretary of State**  
**5107442722CC**

**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:**

LANGFIELD, DANNY  
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: DANNY LANGFIELD**

**03/31/2020**

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 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 LANGFIELD, DANNY  
Address 3327 WEST BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name QUANDT, CHRISTIAN  
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: DANNY LANGFIELD**

**DIRECTOR**

**03/31/2020**

Electronic Signature of Signing Officer/Director Detail

Date