

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

DOCUMENT# N37578

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**4500169467CC**

**Entity Name:** THE FLORIDA FIJI GRADUATE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DAVID SMITH  
667 FRATERNITY DRIVE  
GAINESVILLE, FL 32603

**Current Mailing Address:**

C/O DAVID SMITH  
P.O. BOX 2278  
GREENEVILLE, TN 37744 US

**FEI Number:** 30-0471263

**Certificate of Status Desired:** No

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

SMITH, DAVID MICHAEL  
C/O DAVID SMITH  
667 FRATERNITY DRIVE  
GAINESVILLE, FL 32603 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:** DAVID MICHAEL SMITH

02/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SMITH, DAVID M  
Address        PO BOX 2278  
City-State-Zip: GREENEVILLE TN 37744

Title           DP  
Name           KELLAR, ED  
Address        500 N.W. 54TH TERRACE  
City-State-Zip: GAINESVILLE FL 32607

Title           SECRETARY  
Name           IX, IAN  
Address        667 FRATERNITY DRIVE  
City-State-Zip: GAINESVILLE FL 32603

Title           D  
Name           GALLEGOS, LEW  
Address        667 FRATERNITY DRIVE  
City-State-Zip: GAINESVILLE FL 32603

Title           D  
Name           LEVARGE, LINCOLN  
Address        667 FRATERNITY DRIVE  
City-State-Zip: GAINESVILLE FL 32603

Title           VP  
Name           VIGNOLA, JAMES M  
Address        1628 NW 6TH STREET  
City-State-Zip: GAINESVILLE FL 32609

Title           DIRECTOR  
Name           KRILL, MARK  
Address        667 FRATERNITY DRIVE  
City-State-Zip: GAINESVILLE FL 32603

*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 SMITH

**TREASURER**

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date