2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37578

Entity Name: THE FLORIDA FIJI GRADUATE ASSOCIATION, INC.

FILED Feb 16, 2017 **Secretary of State** CC0875152657

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 02/16/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title DP

Name SMITH, DAVID M Name KELLAR, ED

PO BOX 2278 500 N.W. 54TH TERRACE Address Address GAINESVILLE FL 32607

GREENEVILLE TN 37744 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title

Name SMITH, WARREN Name KAYS, ANDREW

Address 1721 LONGVIEW LANE Address 667 FRATERNITY DRIVE

TARPON SPRINGS FL 34689 City-State-Zip: City-State-Zip: GAINESVILLE FL 32603

Title VР Title

VIGNOLA, JAMES M Name Name LEVARGE, LINCOLN Address 1628 NW 6TH STREET Address 7 FRATERNITY DRIVE City-State-Zip: GAINESVILLE FL 32609 City-State-Zip: GAINESVILLE FL 32603

Title DIRECTOR

Name HOLLOWAY, CHARLIE 667 FRATERNITY DRIVE Address 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.

02/16/2017 SIGNATURE: DAVID M SMITH TREASURER