

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37578

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC8331091214**

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

**Current Principal Place of Business:**

C/O DAVID SMITH  
7 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:**

VREELAND, JOHN K  
ONE LAKE MORTON DRIVE  
LAKELAND, FL 33801 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:** JOHN K. VREELAND

04/14/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title D  
Name VREELAND, JOHN K  
Address PO BOX 3  
City-State-Zip: LAKELAND FL 33802-0003

Title D  
Name SMITH, WARREN  
Address 1721 LONGVIEW LANE  
City-State-Zip: TARPON SPRINGS FL 34689

Title D  
Name KRILL, MARK A  
Address 510 NW 84TH AVENUE  
APT #307  
City-State-Zip: PLANTATION FL 33324

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

*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:** JOHN K. VREELAND

D

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date