

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37578

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

04/27/2015

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	KAYS, ANDREW
Address	7 FRATERNITY DRIVE
City-State-Zip:	GAINESVILLE FL 32603

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

Title	D
Name	LEVARGE, LINCOLN
Address	7 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	HOLLOWAY, CHARLIE
Address	7 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 M SMITH

DTS

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date