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	: DOMINICK SCANNAVINO		01/16/2017
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	TREASURER, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	JONES, PAT	Name	BYRD, LINDA
Address	10161 49TH STREET NORTH, SUITE L	Address	10161 49TH STREET NORTH, SUITE L
City-State-Zip:	PINELLAS PARK FL 33782	City-State-Zip:	PINELLAS PARK FL 33782
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	MASSEY, DONNA	Name	BURGESON, FAITH
Address	10161 49TH STREET NORTH, SUITE L	Address	10161 49TH STREET NORTH, SUITE L
City-State-Zip:	PINELLAS PARK FL 33782	City-State-Zip:	PINELLAS PARK FL 33782
Title	2VP, DIRECTOR		
Name	CRAIG, JAMES		
Address	10161 49TH STREET NORTH, SUITE L		
City-State-Zip:	PINELLAS PARK FL 33782		

PINELLAS PARK, FL 33782 US

**Current Principal Place of Business:** 

## FEI Number: 59-3160435

DOCUMENT# N9200000957

10161 49TH STREET NORTH, SUITE L

PINELLAS PARK. FL 33782

**Current Mailing Address:** 

## Name and Address of Current Registered Agent:

KIRHAGIS, MOLLIE LCAM 10161 49TH STREET NORTH #L PINELLAS PARK, FL 33782 US

## 10161 49TH STREET NORTH, SUITE L

Entity Name: MAINLANDS MASTER ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: DONNA MASSEY

01/16/2017

## FILED Jan 16, 2017 Secretary of State CC2486196707

Certificate of Status Desired: No

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

Date

PRESIDENT