### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000535

Entity Name: FLORIDA TROPICAL FISH FARMS TRADE ASSOCIATION, INC.

**FILED** Jan 21, 2022 **Secretary of State** 1140638080CC

# **Current Principal Place of Business:**

141 AVE A. SE

WINTER HAVEN, FL 33880

## **Current Mailing Address:**

P.O. BOX 1519

WINTER HAVEN. FL 33882

FEI Number: 59-3157238 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LAKELAND FL 33809

BOOZER, DAVID 141 AVE A, SE WINTER HAVEN, FL 33880 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Date

#### Officer/Director Detail :

-,	Title	D, SECRETARY	Title	PRESIDENT
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HOLLON, BRITTANY LEPOCHAT, PIERRE Name Name

6209 ROBBINS RD Address Address PO BOX 1827

City-State-Zip: LAKELAND FL 33810 City-State-Zip: SEFFNER FL 33583

Title DIRECTOR Title D, TREASURER Name DE ZWART, ARIE Name DRAWDY, DUSTIN Address P O BOX 972087 Address 1507 WILLIAMS RD MIAMI FL 33116 City-State-Zip: PLANT CITY FL 33565 City-State-Zip:

Title DIRECTOR Title D Name MIKE, DRAWDY DAVID. GARRY Name Address 2720 GRIMES ROAD Address 8956 N DEES RD City-State-Zip: LAKELAND FL 33805

Title V/P Title DIRECTOR

Name RAWLINS, DAVID SKIDMORE, JOHN Name

3402 KENT PATH COURT Address 20112 HOBBS ROAD Address City-State-Zip: PLANT CITY FL 33547 WIMAUMA FL 33598 City-State-Zip:

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.

01/21/2022 SIGNATURE: PIERRE LEPOCHAT **PRESIDENT**