

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G65647

Entity Name: FAIA MEMBER SERVICES, INC.**Current Principal Place of Business:**3159 SHAMROCK DRIVE SOUTH
TALLAHASSEE, FL 32317-0117**Current Mailing Address:**PO BOX 16579
TALLAHASSEE, FL 32317 US**FEI Number:** 59-2334480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURT, DAVE
3159 SHAMROCK SOUTH
TALLAHASSEE, FL 32309 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DUBOSE, ANTHONY
Address 12129 PANAMA CITY BEACH PKWY
City-State-Zip: PANAMA CITY BEACH FL 32407

Title CHAIRMAN
Name DARR, JOHN
Address 5200-B W NEWBERRY RD
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name GRADY, JEFFREY
Address PO BOX 12129
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name ROGERS, SAM JR.
Address PO BOX 12099
City-State-Zip: TALLAHASSEE FL 32317

Title D
Name BURT, DAVE
Address 3159 SHAMROCK S
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name FOX, CRAIG
Address 1211 S MILITARY TR STE 100
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR
Name BOB, MOORE
Address 100 NE 3RD AVE STE 1000
City-State-Zip: FT LAUDERDALE FL 33301

Title DIRECTOR
Name ROLLINS, BOB
Address 6001 BROKEN SOUND PKWY NW STE 500
City-State-Zip: BOCA RATON FL 33487

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVE BURT**DIRECTOR****01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEBSTER, CINDY
Address 13080 S BELCHER RD STE H
City-State-Zip: LARGO FL 33773

Title DIRECTOR
Name WILLIAMS, NICOLE
Address 3599 INDIAN RIVER DR E
City-State-Zip: VERO BEACH FL 32963