

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705875

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: FLORIDA JEWELERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11812-A N. 56TH ST.  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

11812-A N 56TH ST.  
TAMPA, FL 33617 US

**New Mailing Address:**

FEI Number: 59-1680789      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STREEPER, MICHAEL W  
11812-A N 56TH ST  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VODICKA, DON  
Address: 3425 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: STD ( ) Delete  
Name: WARE, ROBERT  
Address: 4615 CORTEZ RD W  
City-St-Zip: BRADENTON, FL 34210 US

Title: MD ( ) Delete  
Name: STREEPER, MICHAEL W  
Address: 11812-A N 56TH ST.  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MATTHEWS, JOHN M  
Address: 29 ROYAL PALM POINTE  
City-St-Zip: VERO BEACH, FL 32960 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL W STREEPER

MD

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date