

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705875

FILED
Mar 16, 2006
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: MATTHEWS, JOHN M
Address: 29 ROYAL PALM POINTE
City-St-Zip: VERO BEACH, FL 32960 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: WILLIAMS, MELVIN
Address: 13050 GULF BLVD
City-St-Zip: MADEIRA BEACH, FL 33708 US

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 Chapter 119, 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

03/16/2006

Electronic Signature of Signing Officer or Director

_____ Date