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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706370

1. Corporation Name

FLORIDA FURNITURE DEALERS ASSOCIATION, INC.

Principal Place of Business

PO BOX 1249
HIGH POINT NC 27261
US

Mailing Address

PO BOX 1249
HIGHPOINT NC 27261
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/05/1963

4. FEI Number

23-7000294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRITT, REYNOLDS
1610 US HWY 1
PO BOX 12247
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

Reynolds, Britt - name correction

82 Street Address (P.O. Box Number is Not Acceptable)

83 No PO Box - Delete

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CATER, JIM
STREET ADDRESS 1610 US HWY 1
CITY-ST-ZIP VERO BEACH FL 32960

TITLE DD ☐ DELETE
NAME HIATT, MARY ELLEN
STREET ADDRESS PO BOX 1249, 209 S MAIN M-1213
CITY-ST-ZIP HIGH POINT NC

TITLE CD ☐ DELETE
NAME CAPO, PEDRO
STREET ADDRESS 309 N LAKE BLVD
CITY-ST-ZIP LAKE PARK FL 33403

TITLE TD ☐ DELETE
NAME D'ALESSANDRO, FRAN
STREET ADDRESS 1415 COLONIAL BLVD.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE VD ☒ DELETE
NAME EVERS, ALLAN
STREET ADDRESS 1000 ST JOHNS AVE
CITY-ST-ZIP PALATKA FL 32177

TITLE VP ☐ DELETE
NAME BROWN, MURRAY
STREET ADDRESS 1628 US 1
CITY-ST-ZIP JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME Cater, Jim
1.3 STREET ADDRESS 309 N Lake Blvd
1.4 CITY-ST-ZIP Lake Park FL 33403

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME Reynolds, Britt
2.3 STREET ADDRESS 1610 US Hwy 1
2.4 CITY-ST-ZIP Vero Beach FL 32960

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Capo, Pedro
3.3 STREET ADDRESS 4200 NW 167 st
3.4 CITY-ST-ZIP Miami Gardens FL 33054

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME Newton, Jerry
4.3 STREET ADDRESS 5040 140th Ave N
4.4 CITY-ST-ZIP Clearwater FL 34620

5.1 TITLE VP2 ☐ Change ☒ Addition
5.2 NAME Phillipps, Jennifer
5.3 STREET ADDRESS 999 Douglas Ave
5.4 CITY-ST-ZIP Altamonte Springs FL 32714

6.1 TITLE Liaison D ☐ Change ☒ Addition
6.2 NAME Baer, Jerry
6.3 STREET ADDRESS 1589 NW 12 Ave
6.4 CITY-ST-ZIP Pompano Beach FL 33069

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-99 561-562-3883

CR2E037 (11/98)