

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 715729

1. Entity Name
**DISTILLED SPIRITS WHOLESALERS OF FLORIDA
EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business
**215 S MONROE ST
STE 800-A
TALLAHASSEE, FL 32301 US**

Mailing Address
**215 S MONROE ST
STE 800-A
TALLAHASSEE, FL 32301 US**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7002435

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, ASHLEY T
215 S. MONROE ST 800-A
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRISSES, ANDREW M
STREET ADDRESS	805 THIRD AVENUE
CITY-ST-ZIP	NEW YORK, NY
TITLE	D
NAME	ROSENBERG, JERRY
STREET ADDRESS	P.O. BOX 44127
CITY-ST-ZIP	ATLANTA, GA 303361127
TITLE	PT
NAME	ASHLEY, SCOTT T
STREET ADDRESS	215 S. MONROE ST., 800-A
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/08-80026-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott T. Ashley Scott T. Ashley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Date

850.681.8700

Daytime Phone #