

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734611

FILED
Mar 28, 2011
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF WHOLESALE DISTRIBUTORS, INC.

Current Principal Place of Business:

110-A SOUTH MONROE ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 10747
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-1733725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEPP, DAVID A
3020 SOUTH FLORIDA AVENUE
SUITE 205
LAKELAND, FL 33803 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: D
Name: AUSTIN, DAN
Address: 1818 POINCIANA BLVD.
City-St-Zip: KISSIMMEE, FL 34758

Title: D
Name: JOHN, WATSON
Address: 14016 LAKE TILDEN BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: ED
Name: SHEPP, DAVID A
Address: 3020 SOUTH FLORIDA AVENUE, SUITE 205
City-St-Zip: LAKELAND, FL 33803

Title: P
Name: TEEL, DAN
Address: 2001 W GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: COURSON, CARL
Address: P.O. BOX 198
City-St-Zip: BELLE GLADE, FL 33430

Title: D
Name: HAZARD, JOHN
Address: PO BOX 522410
City-St-Zip: LONGWOOD, FL 32752

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

SIGNATURE: DAVID A. SHEPP

ED

03/28/2011

Electronic Signature of Signing Officer or Director

Date