2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740750

Entity Name: FLORIDA CRAFTSMEN

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

501 CENTRAL AVENUE ST. PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

501 CENTRAL AVENUE ST. PETERSBURG, FL 33701

FEI Number: 23-7375994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

EMILIA, MARIA EX DIR
FLORIDA CRAFTSMEN
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

EMILIA, MARIA EX DIR
FLORIDA CRAFTSMEN INC
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

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: 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED,P () Delete Title: () Change () Addition

 Name:
 RAMSEY, DAVID
 Name:

 Address:
 1460 SERENE WAY SOUTH
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33705 US
 City-St-Zip:

Title: D,VP () Delete Title: D,VP (X) Change () Addition

 Name:
 MURPHY, MARYANNA
 Name:
 MURPHY, MARY ANNA

 Address:
 51271 4TH ST. SO.
 Address:
 51271 4TH ST. SO.

City-St-Zip: SAINT PETERSBURG, FL 33705 US City-St-Zip: SAINT PETERSBURG, FL 33705 US

Title: ED () Delete Title: () Change () Addition

 Name:
 EMILIA, MARIA MS
 Name:

 Address:
 1914 GLEN LAKE CIRCLE N.
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33702 US
 City-St-Zip:

 $\label{eq:time_spin_substitution} \mbox{Title:} \qquad \mbox{S,D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 CHASE, ABBEY MS
 Name:

 Address:
 1320 S. DIXIE HWY, SUITE 841
 Address:

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIA EMILIA ED 04/28/2009