

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741137

FILED
Feb 06, 2006
Secretary of State

Entity Name: MANUFACTURERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1000 W. MCNAB ROAD
SUITE 309
POMPANO BEACH, FL 33069

Current Mailing Address:

1000 W. MCNAB ROAD
SUITE 309
POMPANO BEACH, FL 33069

New Principal Place of Business:

1311 EXECUTIVE CENTER DR.
SUITE 225
TALLAHASSEE, FL 32301

New Mailing Address:

1311 EXECUTIVE CENTER DR.
SUITE 225
TALLAHASSEE, FL 32301

FEI Number: 59-2262410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSEN, GRANT D
OLGLETREE, DEAKINS, NASH, ET.AL.
100 N. TAMPA STREET, SUITE 3600
TAMPA, FL 33602 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 () Delete
Name: DANIELS, L.A.
Address: 7775 BAYMEADOWS WAY, SUITE 106
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD () Delete
Name: WOLFE, JUNE
Address: 1000 WEST MCNAB RD., SUITE 309
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: STIMAC, AL
Address: 709 COMMERCE CR
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOLFE, JUNE
Address: 1000 WEST MCNAB RD., SUITE 309
City-St-Zip: POMPANO BEACH, FL 33069

Title: PD (X) Change () Addition
Name: STIMAC, AL
Address: 709 COMMERCE CR
City-St-Zip: LONGWOOD, FL 32750

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: AL STIMAC

PD

02/06/2006

Electronic Signature of Signing Officer or Director

Date