2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# 741137

Entity Name: MANUFACTURERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1311 EXECUTIVE CENTER DR.
SUITE 225
TALLAHASSEE, FL 32301

New Principal Place of Business:

1625 SUMMIT LAKE DRIVE
SUITE 300
TALLAHASSEE, FL 32317

Current Mailing Address:

1311 EXECUTIVE CENTER DR.
SUITE 225
TALLAHASSEE, FL 32301

New Mailing Address:

1625 SUMMIT LAKE DRIVE
SUITE 300
TALLAHASSEE, FL 32317

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:

STEPHENS, NANCY D
1625 SUMMIT LAKE DRIVE
SUITE 300
TALLAHASSEE, FL 32317 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: NANCY D. STEPHENS 01/16/2007
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: D ( ) Delete
Name: WOLFE, JUNE
Address: 1000 WEST MCNAB RD., SUITE 309
City-St-Zip: POMPANO BEACH, FL 33069

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DANIELS, L.A.
Address: 4215 SOUTHPOINT BLVD, SUITE 140
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: PD (X) Change ( ) Addition
Name: STIMAC, AL
Address: 930 BITT COURT, SUITE 124
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: NANCY D. STEPHENS ED 01/16/2007
Electronic Signature of Signing Officer or Director Date