

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743463

FILED  
Jul 23, 2009  
Secretary of State

**Entity Name:** FLORIDA DIRECT MARKETING ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

9593 TAVERNIER DR  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

9593 TAVERNIER DR  
BOCA RATON, FL 33496 US

**New Mailing Address:**

**FEI Number:** 59-2489368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HACHENBURG, RICHARD  
9593 TAVERNIER DR.  
BOCA RATON, FL 33496 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: P ( ) Delete  
Name: FLETCHER, KEITH P  
Address: 5152 WOODFIELD WAY  
City-St-Zip: COCONUT CREEK, FL 33073

Title: T ( ) Delete  
Name: HACHENBURG, RICHARD T  
Address: 9593 TAVERNIER DR  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: A'HEARN, JASON D  
Address: 13 W. LAS OLAS BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: KEITH FLETCHER

PRES

07/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date