## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748908** 

FILED Apr 10, 2008 Secretary of State

Entity Name: FLORIDA AUTOMOBILE DEALERS ASSOCIATION **Current Principal Place of Business: New Principal Place of Business:** 400 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 400 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301 FEI Number: 59-0245515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, THEODORE L TED 400 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MURGADO, MARIO KAISER, DERIC Name: Name: Address: 665 SW 8TH STREET Address: P.O. BOX 2813 City-St-Zip: MIAMI, FL 33130 City-St-Zip: DELAND, FL 32721 Title: PC Title: (X) Change ( ) Addition ( ) Delete Name: CLARK, CINDY Name: MURGADO, MARIO Address: PO BOX 70 Address: 665 SW 8TH STREET City-St-Zip: WILDWOOD, FL 34785 City-St-Zip: MIAMI, FL 33130 Title: () Delete Title: () Change () Addition SMITH, THEODORE L Name: Name: Address: 400 N MERIDIAN STREET Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition CRAMER, COMPTON Name: Name: Address: Address: 900 SOUTH US 41 BY-PASS City-St-Zip: City-St-Zip: VENICE, FL 34285

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: THEODORE L SMITH P 04/10/2008