

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751946

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** FLORIDA DELEGATION, SE--US/JAPAN ASSOCIATION, INC.

**Current Principal Place of Business:**

9600 NW 38TH STREET  
SUITE 301  
DORAL, FL 33178

**New Principal Place of Business:**

9600 NW 38TH STREET  
SUITE 301  
DORAL, FL 33178 US

**Current Mailing Address:**

P. O. BOX 226647  
MIAMI, FL 33222

**New Mailing Address:**

P. O. BOX 226647  
MIAMI, FL 33222 US

**FEI Number:** 59-2032225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WOODWARD, DAVE MD  
9600 NW 38TH STREET  
SUITE 301  
DORAL, FL 33178 US

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

WOODWARD, DAVE  
9600 NW 38TH STREET  
SUITE 301  
DORAL, FL 33178 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: DAVE WOODWARD

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: WOODWARD, DAVID  
Address: PO BOX 226647  
City-St-Zip: MIAMI, FL 33222 US

Title: CD  
Name: GABEL, GEORGE  
Address: 50 NORTH LAURA STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VCD  
Name: PRITCHARD, SIBILLE  
Address: 401 SOUTH CENTRAL AVENUE  
City-St-Zip: OVIEDO, FL 32765 US

Title: STD  
Name: NORDEN, KEITH  
Address: 401 EAST JACKSON STREET, SUITE 2100  
City-St-Zip: TAMPA, FL 33602 US

Title: D  
Name: WRIEDEN, JOHN  
Address: UNIVERSITY PARK  
City-St-Zip: MIAMI, FL 33199 US

Title: D  
Name: FLYNN, WILLIAM J  
Address: 501 E KENNEDY BLVD, STE 1700  
City-St-Zip: TAMPA, FL 33602 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID WOODWARD

MD

04/28/2011

Electronic Signature of Signing Officer or Director

Date