

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G65647

FILED
Jan 05, 2012
Secretary of State

Entity Name: FAIA MEMBER SERVICES, INC.

Current Principal Place of Business:

3159 SHAMROCK DRIVE SOUTH
TALLAHASSEE, FL 323170117

New Principal Place of Business:

Current Mailing Address:

PO BOX 12129
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2334480 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURT, DAVE
3159 SHAMROCK SOUTH
TALLAHASSEE, FL 32309 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: C
Name: WEBB, TOM
Address: PO BOX 661660
City-St-Zip: MIAMI SPRINGS, FL 33266

Title: D
Name: BURT, DAVE
Address: 3159 SHAMROCK S
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D
Name: DARR, JOHN
Address: 5200-B W NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D
Name: WEBSTER, CINDY
Address: 13080 S BELCHER RD STE H
City-St-Zip: LARGO, FL 33773 US

Title: D
Name: GARDNER, JOHN AAI
Address: 390 PONDELLA RD STE 1
City-St-Zip: N FT MYERS, FL 33903 US

Title: ST
Name: JENKINS, ELIZABETH
Address: 3159 SHAMROCK DRIVE SOUTH
City-St-Zip: TALLAHASSEE, FL 32317

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVE BURT

D

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date