

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000760

FILED  
Feb 27, 2007  
Secretary of State

**Entity Name:** FLORIDA CHAPTER OF THE AMERICAN LOGISTICS ASSOCIATION, INC.

**Current Principal Place of Business:**

15944 SORAWATER DRIVE  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

15944 SORAWATER DRIVE  
LITHIA, FL 33547

**New Mailing Address:**

**FEI Number:** 59-3706558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EZELL, MIKE  
15944 SORAWATER DRIVE  
LITHIA, FL 33547 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: PD ( ) Delete  
Name: HACK, TOM  
Address: 1916 SECLUDED WOODS LANE  
City-St-Zip: NEPTUNE BEACH, FL 322661500

Title: ST ( ) Delete  
Name: ACHEE, KAREN  
Address: P.O. BOX 45168  
City-St-Zip: TAMPA, FL 33677

Title: T ( ) Delete  
Name: EZELL, MIKE  
Address: SORAWATER DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: VP ( ) Delete  
Name: MASON, BLAKE  
Address: 905 BRIDGEWAY BLVD  
City-St-Zip: ORLANDO, FL 32828

**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:

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

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: MIKE EZELL

T

02/27/2007

Electronic Signature of Signing Officer or Director

Date