

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000117

FILED
Apr 23, 2009
Secretary of State

Entity Name: AMERICAN MARKETING ASSOCIATION SOUTH FLORIDA, INC.

Current Principal Place of Business:

5928 ROYAL WAY
TAMARAC, FL 33321

New Principal Place of Business:

630 NE 20TH LANE
BOYNTON BEACH, FL 33435

Current Mailing Address:

5928 ROYAL WAY
TAMARAC, FL 33321

New Mailing Address:

630 NE 20TH LANE
BOYNTON BEACH, FL 33435

FEI Number: 36-2130315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, MANDE
5928 ROYAL WAY
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

WHITE, MANDE
630 NE 20TH LANE
BOYNTON BEACH, FL 33435 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:

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WHITE, MANDE
Address: 5928 ROYAL WAY
City-St-Zip: TAMARAC, FL 33073

Title: TREA () Delete
Name: FLETCHER, KEITH
Address: 5152 WOODFIELD WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: SEC () Delete
Name: BERKOWITZ, JAY
Address: 2499 GLADES RD, #202
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WHITE, MANDE
Address: 630 NE 20TH LANE
City-St-Zip: BOYNTON BEACH, FL 33435

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

Title: VP (X) Change () Addition
Name: GUSTMAN, MICHAEL
Address: 2499 GLADES RD, #202
City-St-Zip: BOCA RATON, FL 33431

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: MANDE WHITE

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date