

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 07, 2012**  
**Secretary of State**

DOCUMENT# N02000003957

**Entity Name:** FSMTA ASSOCIATION SERVICES, INC.**Current Principal Place of Business:**1870 ALOMA AVENUE  
SUITE 260  
WINTER PARK, FL 32789 UN**New Principal Place of Business:**978 DOUGLAS AVENUE  
SUITE 104  
ALTAMONTE SPRINGS, FL 32714 UN**Current Mailing Address:**1870 ALOMA AVENUE  
SUITE 260  
WINTER PARK, FL 32789**New Mailing Address:**978 DOUGLAS AVENUE  
SUITE 104  
ALTAMONTE SPRINGS, FL 32714 UN**FEI Number:** 81-0555115**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HUPP, LYNN  
1870 ALOMA AVENUE  
SUITE 260  
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**CAPO, ANGELA  
2169 SEAPORT CIRCLE  
APT 207  
WINTER PARK, FL 32792 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: ANGELA CAPO

08/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: SMITH, DONNA  
Address: 433 GRACE AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: VD  
Name: GODWIN, JOANNA  
Address: 7654 SHERIDAN RD  
City-St-Zip: MELBORNE, FL 32904

Title: TD  
Name: ANSEL, FRANK  
Address: 5810 TAYWOOD DR  
City-St-Zip: TAMPA, FL 33624

Title: ED  
Name: ALANIZ, JO  
Address: 978 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD  
Name: CARR, LEIAH  
Address: 6325 ARLINGTON RD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD  
Name: SIEBER, DEBBIE  
Address: 5584 SUMMERLAND HILLS CIR  
City-St-Zip: LAKE LAND, FL 33812

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: ANGELA CAPO

FD

08/07/2012

Electronic Signature of Signing Officer or Director

Date