## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05883

FILED Jan 23, 2007 Secretary of State

Entity Name: THE FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3116 CAPITAL CIRCLE, NE 1840 FIDDLER COURT

8 TALLAHASSEE, FL 32308 US

Current Mailing Address: New Mailing Address:

3116 CAPITAL CIRCLE NE 1840 FIDDLER COURT

SUITE 8 TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

FEI Number: 59-0801406 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PETERS, LARRY
4162 EDGEWATER DRIVE
1840 FIDDLER COURT

ORLANDO, FL 32804 US TALLAHASEE, FL 32308 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: LARRY PETERS 01/23/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: C (X) Change ( ) Addition

 Name:
 KEES, KELLIE
 Name:
 KEES, KELLIE

 Address:
 4200 W. COLONIAL DRIVE
 Address:
 4200 W. COLONIAL DRIVE

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 ORLANDO, FL 32808

Title: V ( ) Delete Title: P (X) Change ( ) Addition

Name: MATTON, PAUL Name: MATTON, PAUL

Address: 7751 PARK BOULEVARD Address: 7751 PARK BOULEVARD

City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: PINELLAS PARK, FL 33781

Title: MD ( ) Delete Title: EVP (X) Change ( ) Addition Name: PETERS, LARRY Name: PETERS, LARRY

Address: 3116 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

Address: 3116 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete Title: T (X) Change ( ) Addition

Name: GOEBEL, DAVID Name: MARBAIS, STEVE

Address: 1975 SW COLLEGE ROAD Address: 1207 N. LAKEWOOD AVENUE

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCOEE, FL 34761

 $\label{eq:title:Title:SVP} {\it Title:} \qquad {\it C} \qquad {\it ( ) Delete} \qquad {\it Title:} \qquad {\it SVP} \qquad {\it (X) Change ( ) Addition}$ 

Name:MARBAIS, STEVEName:DAVID, COXAddress:1207 N. LAKEWOOD AVENUEAddress:4543 W. HILLSBOROUGH AVENUE

City-St-Zip: OCOEE, FL 34761 City-St-Zip: TAMPA, FL 33614

Title: ( ) Delete Title: DE ( ) Change (X) Addition

 Name:
 Name:
 ALLEN, MONELLO

 Address:
 Address:
 1840 FIDDLER COURT

 City-St-Zip:
 City-St-Zip:
 TALLAHASSEE, FL 32398

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: LARRY PETERS EVP 01/23/2007

Electronic Signature of Signing Officer or Director

Date