

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 17, 2011
Secretary of State

DOCUMENT# N09709

Entity Name: MERCHANTS ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**134 S. TAMPA STREET
TAMPA, FL 33602**New Principal Place of Business:****Current Mailing Address:**P O BOX 972
TAMPA, FL 33601 US**New Mailing Address:****FEI Number:** 59-0356700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**USHER, WILLIAM C JR.
134 SOUTH TAMPA ST
TAMPA, FL 33602 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:** D
Name: TOMLIN, HOLLY
Address: 134 S TAMPA ST
City-St-Zip: TAMPA, FL 33602**Title:** PD
Name: DUKES, LESLIE R
Address: 134 SOUTH TAMPA ST
City-St-Zip: TAMPA, FL 33602**Title:** TD
Name: KILGORE, MICHAEL S
Address: 134 SOUTH TAMPA ST
City-St-Zip: TAMPA, FL 33602**Title:** SD
Name: KRONE, ROBERT L
Address: 134 S TAMPA ST
City-St-Zip: TAMPA, FL 33602**Title:** D
Name: BOOS, ROBERT
Address: 134 S TAMPA ST
City-St-Zip: TAMPA, FL 33602**Title:** D
Name: AMOR, JACK
Address: 134 S TAMPA ST
City-St-Zip: TAMPA, FL 33602

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: LESLIE R DUKES

PD

05/17/2011

Electronic Signature of Signing Officer or Director

Date