

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000039

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** MAF CENTER FOR ADVANCED MANUFACTURING EXCELLENCE, INC.

**Current Principal Place of Business:**

1625 SUMMIT LAKE DR., SUITE 300  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

1625 SUMMIT LAKE DR., SUITE 300  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 27-3518899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPHENS, NANCY D  
1625 SUMMIT LAKE DR., SUITE 300  
TALLAHASSEE, FL 32317 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: PRES  
Name: PROVITOLA, BOB  
Address: 2287 PREMIER ROW  
City-St-Zip: ORLANDO, FL 32809

Title: VP  
Name: POSEY, STAN  
Address: P. O. BOX 300  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: STD  
Name: LOEHR, NANCY  
Address: 299 FIRST AVE. NORTH, PEF-122  
City-St-Zip: ST. PETERSBURG, FL 33733

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: NANCY STEPHENS

ED

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date