


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90281 050 ****61.25

DOCUMENT # N93000001116	
1. Entity Name FLORIDA MODELERS ASSOCIATION, INC.	

Principal Place of Business 801 SMALL DRIVE LAKE WORTH, FL 33461 US	Mailing Address 801 SMALL DRIVE LAKE WORTH, FL 33461 US
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03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3109921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHUETTLE, ROBERT W 801 SMALL DR LAKE WORTH, FL 33461
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAWSON, JOE CLAWSON 401 ALMANSA ST PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITNEY, ROBERT 456 GACVEY RD SW PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERT SCHUETTLE PO BOX 38 FLORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W Schuettler 3/17/2006 863-655-7242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #