2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2008 08:00 A DOCUMENT # N93000001116 Secretary of State 1. Entity Name FLORIDA MODELERS ASSOCIATION, INC. Principal Place of Business Mailing Address **801 SMALL DRIVE** 801 SMALL DRIVE LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 LIS 02132008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3109921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHUETTLER, ROBERT W DO NOT WRITE 801 SMALL DR LAKE WORTH, FL 33461 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE CLAWSON, JOE STREET ADDRESS 401 ALMANSA ST CITY-ST-ZIP PALM BAY, FL 32909 TITLE NAME WHITNEY, ROBERT STREET ADORESS 456 GACVEY RD SW U00000845466 03/13/08-80040-006 61.25 CITY-ST-ZIP PALM BAY, FL 32909 TITLE NAME SCHUETTLER, ROBERT W STREET ADDRESS 801 SMALL DR. DO NOT WRITE CITY-ST-ZIP LAKE WORTH, FL 33461 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 attactpress; with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES ON SOUTHER WASHING OF SHOWING DEDCED ON DESCRIPTION

2/12/205 863-655-2242 Date Daysme Prone #

FILED