

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002420

1. Entity Name
FLORIDA FREE TRADE ZONES ASSOCIATION, INC.



Principal Place of Business
PT OF PALM BEACH
ONE EAST 11TH ST. SUITE 400
RIVIERA BEACH, FL 33404 US

Mailing Address
PO BOX 9935
RIVIERA BEACH, FL 33419 US



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1209849

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SCHILLIG, LISA
PORT OF PALM BEACH
ONE EAST 11TH ST., SUITE 400
RIVIERA BEACH, FL 33404

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000610986
02/02/07-80043-003 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHILLIG, LISA
STREET ADDRESS ONE EAST 11TH ST, SUITE 400
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE VP
NAME LOFTBERG, DEBORAH
STREET ADDRESS 2831 TALLEYRAND AVE
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE ST
NAME PINHOLSTER, SHANNON
STREET ADDRESS PO BOX 267
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Lisa F. Schillig - Lisa F. Schillig

1/26/07 (561) 842-4201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #