

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90022 040 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
58-1209849

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Lisa Schillig

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SCHILLIG, LISA
ONE EAST 11TH ST, SUITE 400
RIVIERA BEACH, FL 33404**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
LOFTBERG, DEBORAH
2831 TALLEYRAND AVE
JACKSONVILLE, FL 32206**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
PINHOLSTER, SHANNON
PO BOX 267
CAPE CANAVERAL, FL 32920**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
Feeley, Shannon
PO BOX 267
Cape Canaveral FL 32920**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
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☐ Change ☐ Addition

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 Schillig*