

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90025 045 ****61.25

DOCUMENT # N97000001461

1. Entity Name
FLORIDA KNIFEMAKERS ASSOCIATION, INC.



Principal Place of Business
**6931 MANOR BEACH ROAD
NEW PORT RICHEY, FL 34652**

Mailing Address
**6931 MANOR BEACH ROAD
NEW PORT RICHEY, FL 34652**

54004900



2. Principal Place of Business
196 SAGE CIR
Suite, Apt. #, etc.

3. Mailing Address
PO Box 861
Suite, Apt. #, etc.

01282004 Chg-NP CR2E037 (10/03)

City & State
CRYSTAL BEACH, FL
Zip
34681 Country
USA

City & State
CRYSTAL BEACH, FL
Zip
34681 Country
USA

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRAY, W L JR
6931 MANOR BEACH ROAD
NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent

Name
DANIEL J. MINK
Street Address (P.O. Box Number is Not Acceptable)
196 SAGE CIR
City
CRYSTAL BEACH FL Zip Code
34681

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 **DAN MINK, PRESIDENT**
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, 2004**

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	D <input type="checkbox"/> Delete
NAME	PIERGALLINI, DAN
STREET ADDRESS	4011 N FORBES RD
CITY-ST-ZIP	PLANT CITY, FL 335654945
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	BRAY, LOWELL MR
STREET ADDRESS	6931 MANOR BEACH ROAD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	SD <input type="checkbox"/> Delete
NAME	GROSPITAH, ERNIE
STREET ADDRESS	18440 AMITYVILLE ST
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	VP <input type="checkbox"/> Delete
NAME	MINK, DAN
STREET ADDRESS	196 SAGE CIRCLE
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	TD <input type="checkbox"/> Delete
NAME	HEITLER, HENRY MR
STREET ADDRESS	8106 NORTH ALBANY
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD VOGT
STREET ADDRESS	9007 HOGANS BEND
CITY-ST-ZIP	TAMPA, FL 33647

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **DAN MINK, PRESIDENT 2-3-04** **786-5408**
Signature and typed or printed name of signing officer or director Date Daytime Phone #