

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001461

1. Entity Name
FLORIDA KNIFEMAKERS ASSOCIATION, INC.



Principal Place of Business
196 SAGE CIR
FORT PIERCE, FL 34981

Mailing Address
P.O. BOX 861
CRYSTAL BEACH, FL 34681



02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

MINK, DANIEL J
196 SAGE CIR
CRYSTAL BEACH, FL 34681

**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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PIERGALLINI, DAN
STREET ADDRESS	4011 N FORBES RD
CITY-ST-ZIP	PLANT CITY, FL 335654945
TITLE	SD
NAME	GROSPITAH, ERNIE
STREET ADDRESS	18440 AMITYVILLE ST
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	PD
NAME	MINK, DAN
STREET ADDRESS	196 SAGE CIRCLE
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	TD
NAME	HEITLER, HENRY MR
STREET ADDRESS	8106 NORTH ALBANY
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	VOBT, DONALD
STREET ADDRESS	9007 HOGANS BEND
CITY-ST-ZIP	TAMPA, FL 33647
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel J. Mink, Pres. **2/15/05** **727 786-5408**