

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90073 015 \*\*\*\*61.25

**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

2. Principal Place of Business

196 SAGE CIR

3. Mailing Address

Suite, Apt. #, etc.

City & State

CRYSTAL BEACH, FL

City & State

Zip

34681

Country

USA

Country

4. FEI Number

NO-T 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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 VP ☐ Delete  
NAME PIERGALLINI, DAN  
STREET ADDRESS 4011 N FORBES RD  
CITY-ST-ZIP PLANT CITY FL 33565-4945

TITLE SD ☒ Delete  
NAME GROSPITAH, ERNIE  
STREET ADDRESS 18440 AMITYVILLE ST  
CITY-ST-ZIP ORLANDO FL 32820

TITLE PD ☐ Delete  
NAME MINK, DAN  
STREET ADDRESS 196 SAGE CIRCLE  
CITY-ST-ZIP CRYSTAL BEACH FL 34681

TITLE TD ☒ Delete  
NAME HEITLER, HENRY MR  
STREET ADDRESS 8106 NORTH ALBANY  
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ Delete  
NAME VOB, DONALD  
STREET ADDRESS 9007 HOGANS BEND  
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY SD ☒ Change ☐ Addition  
NAME STAN WILSON  
STREET ADDRESS 808 SOUVENIR DR  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TREASURER TD ☒ Change ☐ Addition  
NAME EAL LUNN  
STREET ADDRESS 6970 9th AVE N  
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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

DANIEL J. MINK

2-13-06 727-786-5408