

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000001461

1. Entity Name
FLORIDA KNIFEMAKERS ASSOCIATION, INC.



Principal Place of Business
196 SAGE CIR
CRYSTAL BEACH, FL 34681

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



01232008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | VP |
| NAME | DAVENPORT, JACK |
| STREET ADDRESS | 5112 LAGOS COURT |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 |
| TITLE | SD |
| NAME | WILSON, STAN |
| STREET ADDRESS | 808 SOUVENIR DR |
| CITY-ST-ZIP | CLEARWATER, FL 33755 |
| TITLE | PD |
| NAME | MINK, DAN |
| STREET ADDRESS | 196 SAGE CIRCLE |
| CITY-ST-ZIP | CRYSTAL BEACH, FL 34681 |
| TITLE | TD |
| NAME | VOGT, DONALD |
| STREET ADDRESS | 9007 HOGANS BEND |
| CITY-ST-ZIP | TAMPA, FL 33647 |
| TITLE | D |
| NAME | TISON, MICHAEL |
| STREET ADDRESS | 1004 W. SOCRUM LOOP RD. |
| CITY-ST-ZIP | TAMPA, FL 33602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000864882
04/07/08-80005-011 61.25

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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: DAN MINK - President 3-18-2008 727 786-5408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #