2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N97000001461

Entity Name: FLORIDA KNIFEMAKERS ASSOCIATION, INC.

Current Principal Place of Business:

196 SAGE CIR
CRYSTAL BEACH, FL 34681

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 861
CRYSTAL BEACH, FL 34681

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: DAVENPORT, JACK
Address: 5112 LAGOS COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD ( ) Delete
Name: WILSON, STAN
Address: 808 SOUVENIR DR
City-St-Zip: CLEARWATER, FL 33755

Title: PD ( ) Delete
Name: MINK, DAN
Address: 196 SAGE CIRCLE
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: TD ( ) Delete
Name: VOGT, DONALD
Address: 9007 HOGANS BEND
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: TISON, MICHAEL
Address: 1004 W. SOCRUM LOOP RD.
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: RENNER, TERRY L
Address: 707 13TH AVE. CIRCLE WEST
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. MINK PD 01/25/2009
Electronic Signature of Signing Officer or Director — Date