

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001461

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** FLORIDA KNIFEMAKERS ASSOCIATION, INC.

**Current Principal Place of Business:**

707 13TH AVENUE CIRCLE W.  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

**Current Mailing Address:**

707 13TH AVENUE CIRCLE W.  
PALMETTO, FL 34221 US

**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:**

RENNER, TERRY L  
707 13TH AVENUE CIRCLE W.  
PALMETTO, FL 34221 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: PD  
Name: RENNER, TERRY L  
Address: 707 13TH AVE. CIRCLE WEST  
City-St-Zip: PALMETTO, FL 34221

Title: SC  
Name: PARTRIDGE, JERRY D  
Address: PO BOX 977  
City-St-Zip: DEFUNIAK STRINGS, FL 34235 US

Title: VP  
Name: ELLIOTT, JIM  
Address: 18175 HWY 98 N.  
City-St-Zip: OKEECHOBEE, FL 34972 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: TERRY L. RENNER

PD

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date