2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N97000004296

Entity Name: FLORIDA MILITARY SUPPORT ASSOCIATION, INC.

Current Principal Place of Business:

144 CHIPPEWA AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

144 CHIPPEWA AVE
TAMPA, FL 33606

New Mailing Address:

PO BOX 145056
CORAL GABLES, FLORIDA, FL 33114 US

FEI Number: 65-0836835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILHITE, ROBERT
144 CHIPPEWA AVE
TAMPA, FL 33606 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:	DC	( ) Delete
Name:	WILHITE, ROBERT	
Address:	144 CHIPPEWA AVE	
City-St-Zip:	TAMPA, FL 33606	
Title:	D	( ) Delete
Name:	BINNIE, DAVID G	
Address:	P O BOX 3408 ((N/A))	
City-St-Zip:	TAMPA, FL 33601	
Title:	D	( ) Delete
Name:	GARRETT, HERMAN W	
Address:	P O BOX 362272 N/A	
City-St-Zip:	MELBOURNE, FL 32936	
Title:	D	( ) Delete
Name:	HALL, JANICE	
Address:	6161 SAUFLEY PINES RD	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	ST	( ) Delete
Name:	HAINES, NORMAN T	
Address:	4511 WATROUS AVE	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	( ) Delete
Name:	BLUDWORTH, DAVID H	
Address:	3106 MEDINALI CIR W	
City-St-Zip:	LAKE WORTH, FL 334671307	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:		
Title:	ST	(X) Change ( ) Addition
Name:	MAS, RAUL	
Address:	350 EAST LAS OLAS BLVD #1240	
City-St-Zip:	FT LAUDERDALE, FL 33301	
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: RAUL MAS PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date