

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004296

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** FLORIDA MILITARY SUPPORT ASSOCIATION, INC.

**Current Principal Place of Business:**

144 CHIPPEWA AVE  
TAMPA, FL 33606

**New Principal Place of Business:**

610 VILABELLA AVENUE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

PO BOX 145056  
CORAL GABLES, FLORIDA, FL 33114 US

**New Mailing Address:**

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:**

MAS, RAUL  
610 VILABELLA AVENUE  
CORAL GABLES, FL 33146 US

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: RAUL MAS

04/30/2008

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: MAS, RAUL  
Address: 350 EAST LAS OLAS BLVD #1240  
City-St-Zip: FT LAUDERDALE, FL 33301

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: DC (X) Change ( ) Addition  
Name: MAS, RAUL  
Address: 610 VILABELLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

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: TURNER, DAVID  
Address: ONE SE THIRD AVENUE SUITE 1440  
City-St-Zip: MIAMI, FL 33131

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

DC

04/30/2008

Electronic Signature of Signing Officer or Director

Date