

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004296

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORIDA MILITARY SUPPORT ASSOCIATION, INC.

Current Principal Place of Business:

610 VILABELLA AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

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:

MAS, RAUL
610 VILABELLA AVENUE
CORAL GABLES, FL 33146 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: MAS, RAUL
Address: 610 VILABELLA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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

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
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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: RAUL MAS

DC

04/29/2009

Electronic Signature of Signing Officer or Director

Date