2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2019
Secretary of State
2600676896CC

DOCUMENT# 741137

Entity Name: MANUFACTURERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1625 SUMMIT LAKE DRIVE
SUITE 300
TALLAHASSEE, FL 32317

Current Mailing Address:

1625 SUMMIT LAKE DRIVE
SUITE 300
TALLAHASSEE, FL 32317

FEI Number: 59-2262410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWEN, AMANDA
1625 SUMMIT LAKE DRIVE
SUITE 300
TALLAHASSEE, FL 32317 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: AMANDA BOWEN 03/13/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES	Title	SECRETARY-TREASURER
Name	STIMAC, AL	Name	WILLIAMS, MICHAEL
Address	1625 SUMMIT LAKE DRIVE SUITE 300	Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317
Title	VP	Title	VP
Name	KILLINGER, LEE	Name	WILT, MAUREEN
Address	1625 SUMMIT LAKE DRIVE SUITE 300	Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317
Title	DIRECTOR	Title	DIRECTOR
Name	HILTON, PAIGE	Name	MITCHELL, SHERRI
Address	1625 SUMMIT LAKE DRIVE SUITE 300	Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317
Title	DIRECTOR	Title	DIRECTOR
Name	RUIZ, DANIELLE	Name	GUNTER, JOEL
Address	1625 SUMMIT LAKE DRIVE SUITE 300	Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317

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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: AL STIMAC PRESIDENT 03/13/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GAETJENS, BART
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	YORK, DON
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	CURTIN, LAWRENCE
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	PEREZ, FATIMA
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	MOORE, PAUL W
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	COX, COURTNEY
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	MYHRE, MIKE
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	GOODROE, GLENN
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	HENSON, WAYNE
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	MIXON, AMY
Address	1625 SUMMIT LAKE DRIVE SUITE 300
City-State-Zip:	TALLAHASSEE FL 32317