2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741137

Entity Name: MANUFACTURERS ASSOCIATION OF FLORIDA, INC.

FILED Apr 26, 2018 **Secretary of State** CC6632210278

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 04/26/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRES** Title SECRETARY-TREASURER Name STIMAC, AL Name WILLIAMS, MICHAEL 1625 SUMMIT LAKE DRIVE 1625 SUMMIT LAKE DRIVE Address Address

SUITE 300 SUITE 300

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

Title VΡ Title VΡ

Name KILLINGER, LEE Name WILT, MAUREEN

Address 1625 SUMMIT LAKE DRIVE Address 1625 SUMMIT LAKE DRIVE

SUITE 300 SUITE 300

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR Title DIRECTOR HILTON, PAIGE GILES, MIKE Name Name

Address 1625 SUMMIT LAKE DRIVE Address 1625 SUMMIT LAKE DRIVE

SUITE 300 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 Address 1625 SUMMIT LAKE DRIVE

SUITE 300 SUITE 300

TALLAHASSEE FL 32317 TALLAHASSEE FL 32317 City-State-Zip: City-State-Zip:

Continues on page 2

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.

04/26/2018 SIGNATURE: AL STIMAC **PRESIDENT**

Officer/Director Detail Continued:

DIRECTOR

Title

TitleDIRECTORTitleDIRECTORNameGAETJENS, BARTNameYORK, DON

Address 1625 SUMMIT LAKE DRIVE Address 1625 SUMMIT LAKE DRIVE

SUITE 300 SUITE 300

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR Title DIRECTOR

Name CURTIN, LAWRENCE Name PEREZ, FATIMA

Address 1625 SUMMIT LAKE DRIVE Address 1625 SUMMIT LAKE DRIVE

SUITE 300 SUITE 300

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR Title DIRECTOR

Name MOORE, PAUL W Name ANWAY, MIKE

Address 1625 SUMMIT LAKE DRIVE Address 1625 SUMMIT LAKE DRIVE SUITE 300 SUITE 300

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

Title

DIRECTOR

Name LACKEMACHER, JIM Name GOODROE, GLENN

Address 1625 SUMMIT LAKE DRIVE Address 1625 SUMMIT LAKE DRIVE

SUITE 300 SUITE 300

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR Title DIRECTOR

Name HENSON, WAYNE Name MIXON, AMY

Address 1625 SUMMIT LAKE DRIVE Address 1625 SUMMIT LAKE DRIVE

SUITE 300 SUITE 300

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317