

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12112

**Entity Name:** AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIETY, FLORIDA WEST COAST CHAPTER, INC.

**FILED**  
**May 27, 2014**  
**Secretary of State**  
**CC8875228778**

**Current Principal Place of Business:**

514 HUMPHRIES RD  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

PO BOX 25152  
TAMPA, FL 33622

**FEI Number: 59-2243338**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GERALD, KILTY L  
514 HUMPHRIES RD  
SAFETY HARBOR, FL 34695 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILLIAMS, CRAIG MR.  
Address        2025 SAN MARINO WAY SOUTH  
City-State-Zip: CLEARWATER FL 33763

Title            VP  
Name            POLLITT, ALLEN MR.  
Address        10560 GREENSPRINGS DRIVE  
City-State-Zip: TAMPA FL 33626

Title            VP  
Name            WOLF, ROBERT MR  
Address        5051 CROSS POINTE DR  
City-State-Zip: OLDSMAR FL 34677

Title            VP  
Name            MOORE, JAMES MR  
Address        4920 WEST CYPRESS ST., STE 110  
City-State-Zip: TAMPA FL 33607

*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: ALLEN POLLITT

VP

05/27/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date