

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002574

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**2004766178CC**

**Entity Name:** FLORIDA DIVISION OF THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION INC.

**Current Principal Place of Business:**

8135 MEADOWLARK COURT  
MELROSE, FL 32666-8937

**Current Mailing Address:**

8135 MEADOWLARK COURT  
MELROSE, FL 32666-8937 US

**FEI Number: 65-0434452**

**Certificate of Status Desired: No**

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

BYRD, JASON H  
8135 MEADOWLARK COURT  
MELROSE, FL 32666-8937 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: MALLORY FRANK SHONBERGER**

**03/05/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SHONBERGER, M. FRANK  
Address 85 DEER RUN  
City-State-Zip: MIAMI SPRINGS FL 33166

Title DIRECTOR  
Name CERCHIAI, BRIAN  
Address 18465 SW 92ND CT  
City-State-Zip: CUTLER BAY FL 33157

Title DIRECTOR  
Name LAZZARETTO, JOHN P  
Address 5583 NORTH DURANGO TERR.  
City-State-Zip: BEVERLY HILLS FL 34465

Title DIRECTOR  
Name STRINGHAM, LAWRENCE E  
Address P.O. BOX 150027  
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR  
Name HAYS, WILLIAM-"MORGAN"  
Address 921 NORTH DAVIS STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR  
Name KAMMERER, JAMES  
Address 85 DEER RUN  
City-State-Zip: MIAMI SPRINGS FL 33166

Title PRESIDENT  
Name MUELLER, RONALD A  
Address 7474 UTILITIES ROAD  
City-State-Zip: PUNTA GORDA FL 33982

Title DIRECTOR  
Name SNYDER, CHRISTINE  
Address 100 ESLINGER WAY  
City-State-Zip: SANFORD FL 32773

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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: JASON BYRD**

**SECRETARY**

**03/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ST  
Name BYRD, JASON H  
Address 8135 MEADOWLARK COURT  
City-State-Zip: MELROSE FL 32666-8937