

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G65647

Entity Name: FAIA MEMBER SERVICES, INC.**Current Principal Place of Business:**3159 SHAMROCK DRIVE SOUTH
TALLAHASSEE, FL 32317-0117**Current Mailing Address:**PO BOX 12129
TALLAHASSEE, FL 32317 US**FEI Number:** 59-2334480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURT, DAVE
3159 SHAMROCK SOUTH
TALLAHASSEE, FL 32309 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	C
Name	GREENE, C. F. III
Address	10739 DEERWOOD PARK BLVD STE 200
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	DARR, JOHN
Address	5200-B W NEWBERRY RD
City-State-Zip:	GAINESVILLE FL 32607

Title	D
Name	GARDNER, JOHN AAI
Address	390 PONDELLA RD STE 1
City-State-Zip:	N FT MYERS FL 33903

Title	D
Name	BURT, DAVE
Address	3159 SHAMROCK S
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	LAURIE, JOHN
Address	PO BOX 9029
City-State-Zip:	BRADENTON FL 34206

Title	DIRECTOR
Name	MILLER, DAVID
Address	3733 UNIVERSITY BLVD W #100
City-State-Zip:	JACKSONVILLE FL 32217

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVE BURT**DIRECTOR****01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date