2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2021
Secretary of State
0461002293CC

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 16579
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	DIRECTOR
Name	BURT, DAVE
Address	3159 SHAMROCK S
City-State-Zip:	TALLAHASSEE FL 32309

Title	PAST CHAIRMAN
Name	SCHLITT, JEFFERY M
Address	1717 INDIAN RIVER BLVD STE 300
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	SCALZO, RON VICTOR JR
Address	422 NE 2ND PL STE 200
City-State-Zip:	CAPE CORAL FL 33909

Title	DIRECTOR
Name	HEIDRICK, CHRISTOPHER W
Address	1648 PERIWINKLE WAY STE E
City-State-Zip:	SANIBEL FL 33957

Title	DIRECTOR
Name	ULRICH, KYLE A
Address	PO BOX 12129
City-State-Zip:	TALLAHASSEE FL 32317

Title	CHAIRMAN
Name	PEEPLES, JENNIFER RAE
Address	8270 BEE RIDGE RD
City-State-Zip:	SARASOTA FL 34241

Title	DIRECTOR
Name	ALEXANDER, DAN R
Address	PO DRAWER 3807
City-State-Zip:	ST AUGUSTINE FL 32085

Title	DIRECTOR
Name	MICHAELS, RODNEY P
Address	4414-4 S DEL PRADO BLVD
City-State-Zip:	CAPE CORAL FL 33904

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

SIGNATURE: DAVE BURT DIRECTOR 02/08/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHACKOW, RAYMOND
Address	5200-B NEWBERRY RD
City-State-Zip:	GAINESVILLE FL 32607