2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2019
Secretary of State
9556663922CC

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	DIRECTOR
Name	COTTON, THOMAS M
Address	PO BOX 1701
City-State-Zip:	ORLANDO FL 32802

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

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

Title	DIRECTOR
Name	GRADY, JEFFREY
Address	PO BOX 12129
City-State-Zip:	TALLAHASSEE FL 32317

Title	CHAIRMAN
Name	DORSEY, THOMAS DOLAN
Address	1150 NW 72 AVE STE 530
City-State-Zip:	MIAMI FL 33126

Title	DIRECTOR
Name	DUBOSE, EDWARD ANTHONY
Address	12129 PANAMA CITY BEACH PKWY STE 420
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	DIRECTOR
Name	STAZZONE, VINCENT CHARLES
Address	6549 N WICKHAM RD UNIT 101
City-State-Zip:	MELBOURNE FL 32940

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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 03/14/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	MEMBER
Name	CLEIN, STEVEN M
Address	1921 NW 150 AVE UNIT 101
City-State-Zip:	PEMBROKE PINES FL 33028