2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2017
Secretary of State
CC0037194106

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	CHAIRMAN
Name	WILLIAMS, NICOLE
Address	3599 INDIAN RIVER DR E
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	SHANK, LINDSEY
Address	12485 28TH ST N 2ND FLOOR
City-State-Zip:	ST PETERSBURG FL 33716

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

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

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

Title	DIRECTOR
Name	MOORE, ROBERT T
Address	1401 E BROWARD BLVD 103
City-State-Zip:	FT LAUDERDALE FL 33301

Title	DIRECTOR
Name	LYNCH, BRENDAN T
Address	10337 N MILITARY TRL
City-State-Zip:	PALM BEACH GARDENS FL 33418

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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 01/18/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCARBOROUGH, BRIAN RICHARD
Address	2811 NW 41ST ST
City-State-Zip:	GAINESVILLE FL 32606

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