

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 15, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF INDEPENDENT REFLEXOLOGISTS, INC.

Current Principal Place of Business:

142 CASSEEKKEE TRAIL
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

PO BOX 592
HALLANDALE BEACH, FL 33008

New Mailing Address:

FEI Number: 90-0431286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUMPA, DAYL
142 CASSEEKKEE TRAIL
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: KUMPA, DAYL
Address: 142 CASSEEKKEE TRAIL
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP
Name: SANCHEZ, IGNACIO E
Address: PO BOX 592
City-St-Zip: HALLANDALE BEACH, FL 33008

Title: TRES
Name: LEAVITT, JUDY
Address: 4873 NORTH CIMARRON DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: SECY
Name: BACHMAN, JENNIFER E
Address: 2742 SW REGENCY ROAD
City-St-Zip: STEWART, FL 34997

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: JUDY LEAVITT

TRES

01/15/2010

Electronic Signature of Signing Officer or Director

Date