

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011209

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF INDEPENDENT REFLEXOLOGISTS, INC.

**Current Principal Place of Business:**

142 CASSEEKEE TRAIL  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 592  
HALLANDALE BEACH, FL 33008

**New Mailing Address:**

4873 N CIMARRON DRIVE  
BEVERLY HILLS, FL 34465

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 CASSEEKEE TRAIL  
MELBOURNE BEACH, FL 32951 US

**Name and Address of New Registered Agent:**

LEAVITT, JUDITH B  
4873 N CIMARRON DR.  
BEVERLY HILLS, FL 34465 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: JUDITH B LEAVITT

03/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: SIGUR, SANDRA  
Address: 1009 WIREGRASS STREET  
City-St-Zip: CELEBRATION, FL 34747

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

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: JUDITH B LEAVITT

TRES

03/12/2012

Electronic Signature of Signing Officer or Director

Date