

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# N94000001145

Entity Name: CENTRAL FLORIDA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF SPECIAL INVESTIGATION UNITS, INC.

Current Principal Place of Business:

C/O GEICO SIU
P. O. BOX 738
PALM HARBOR, FL 34682

New Principal Place of Business:

Current Mailing Address:

C/O GEICO SIU
P.O. BOX 738
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 32-0226189 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALBRECHT, GERALD T
777 S HARBOUR ISLAND BLVD
500
TAMPA, FL 33602 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: VP () Delete
Name: TEA, DENNIS D
Address: P.O. BOX 33041
City-St-Zip: LAKELAND, FL 33807

Title: T () Delete
Name: HODGE, GARY
Address: P.O. BOX 738
City-St-Zip: PALM HARBOR, FL 34682

Title: P () Delete
Name: MIZELL, KEN
Address: P.O. BOX 91748
City-St-Zip: LAKELAND, FL 338041748

Title: D () Delete
Name: SWANN, RICHARD
Address: 102 E. 7TH AVE.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: NICHOLSON, GLENN
Address: PO BOX 77
City-St-Zip: LITHIA, FL 33547

Title: S () Delete
Name: LIOTTI, JENNIFER
Address: 1901 ULMERTON RD. 6TH FLOOR
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY HODGE

Electronic Signature of Signing Officer or Director

T

01/16/2008

Date