

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03417

FILED
Apr 14, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF LICENSED INVESTIGATORS, INC.

Current Principal Place of Business:

8091 52ND WAY NORTH
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1711
JUPITER, FL 334681711 US

New Mailing Address:

FEI Number: 59-2507876 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLD, ALICE
104 YACHT CLUB DRIVE
JUPITER, FL 33477 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: P () Delete
Name: ZURENOA, JOHN
Address: 8091 52ND WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: VP () Delete
Name: KOLODGY, RICHARD
Address: 9090 MAGNOLIA HILL DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP () Delete
Name: CRAIG, STEVEN A
Address: 9479 BELMONT TERRACE
City-St-Zip: OVIEDO, FL 32765 US

Title: VP () Delete
Name: BONACUM, ANTHONY
Address: 4935 SOUTHWOOD DRIVE
City-St-Zip: MULBERRY, FL 33860 US

Title: S () Delete
Name: MULHEARN, JENNIFER
Address: 729 SW FOURTH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: T () Delete
Name: GOLD, ALICE
Address: 104 YACHT CLUB DRIVE
City-St-Zip: JUPITER, FL 33477 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZURENDA, JOHN
Address: 8091 52ND WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33781 US

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

Title: () Change () Addition
Name:
Address:
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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: ALICE E GOLD

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date