

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000881

**Entity Name:** PROFESSIONALS INTERNATIONAL INCORPORATED

**Current Principal Place of Business:**

10950 W. WHITTON ST.  
MARANA, AZ 85653

**Current Mailing Address:**

PO BOX 1018  
MARANA, AZ 85653 US

**FEI Number:** 20-2016266

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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:** BILL HAVRE

01/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BERGER, MIKEL  
Address 3301 REED ST.  
City-State-Zip: W LAFAYETTE IN 47906

Title TREASURER  
Name FOWLER, JOHNNY  
Address 232 PRAIRIE DUNEWAY  
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR  
Name BURNS, NATHAN  
Address 3465 VICTORIA PINES DR  
City-State-Zip: ORLANDO FL 32829

Title DIRECTOR  
Name CUSSON, RACHEL  
Address 26 RIVER ROAD  
City-State-Zip: CLINTON CT 06413

Title CHIEF BUSINESS OFFICER  
Name UNGREN, KATHLEEN M.  
Address PO BOX 1018  
City-State-Zip: MARANA AZ 85653

Title EXECUTIVE DIRECTOR  
Name BLUMER, MICHAEL  
Address 3468 ALLEGRA CIRCLE  
City-State-Zip: ST. CLOUD FL 34772

Title DIRECTOR  
Name BORGIA-CURLES, CALEB  
Address 601 EBY CHIQUEST RD.  
City-State-Zip: MT. JOY PA 17552

Title DIRECTOR  
Name BUTTS, PATRICK  
Address 2108 W. BARDIN RD.  
City-State-Zip: ARLINGTON TX 76017

**Continues on page 2**

*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:** KATHLEEN UNGREN

**CHIEF OPERATING  
OFFICER**

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ARSENAULT, CELESTE  
Address        26 OAK TRAIL  
City-State-Zip: BOLTON MA 01740