

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 21, 2019
Secretary of State
8459176459CC

Entity Name: PROFESSIONALS INTERNATIONAL INCORPORATED

Current Principal Place of Business:

2916 NW BUCKLIN HILL RD.
#388
SILVERDALE, WA 98383

Current Mailing Address:

2916 NW BUCKLIN HILL RD.
#388
SILVERDALE, WA 98383 US

FEI Number: 20-2016266

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name RUFO, MICHAEL T
Address 9548 OSPREY LANDING DR
City-State-Zip: ORLANDO FL 32832

Title SECRETARY
Name WAGNER, WARREN C
Address 24 BOBOLINK DRIVE
City-State-Zip: GETTYSBURG PA 17325

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 CASSON, RACHEL
Address 8 CROWN ST.
City-State-Zip: WEBSTER MA 01570

Title CHIEF BUSINESS OFFICER
Name UNGREN, KATHLEEN M.
Address 2916 NW BUCKLIN HILL RD.
 #388
City-State-Zip: SILVERDALE WA 98383

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

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 M. UNGREN

**CHIEF BUSINESS
OFFICER**

03/21/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date