2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 700004

Entity Name: FLORIDA FINANCIAL SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

227 S CALHOUN ST.
TALLAHASSEE, FL 323011805 US

New Principal Place of Business:

Current Mailing Address:

227 S CALHOUN ST.
TALLAHASSEE, FL 323011805 US

New Mailing Address:

FEI Number: 59-0661624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHULER, JOSEPH S
1020 E LAFAYETTE ST
SUITE 107
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SHULER, JOSEPH S
227 S CALHOUN STREET
TALLAHASSEE, FL 32301 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: JOSEPH S. SHULER 02/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: SHULER, JOSEPH S
Address: 1020 E LAFAYETTE ST #107
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete
Name: ERATH, GREG
Address: 1660-8 NO MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete
Name: CASH, JEFF
Address: 206 8TH ST
City-St-Zip: DES MOINES, IA 50309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition
Name: SHULER, JOSEPH S
Address: 227 S. CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: JOSEPH S. SHULER CPD 02/02/2009
Electronic Signature of Signing Officer or Director Date