2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 736655

Entity Name: THE DIPLOMAT ASSOCIATION, INC.

Current Principal Place of Business:

3155 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

3155 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1705358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'DELL, KATHI
3155 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 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: VPD ( ) Delete
Name: WAGAMAN, JACK
Address: 16624 WESTFIELD CIRCLE
City-St-Zip: OMAHA, NE 68130

Title: P ( ) Delete
Name: STRATTON, BARBARA
Address: 401 S. SIXTH STREET
City-St-Zip: LA GRANGE, IL 60525

Title: 2NDV ( ) Delete
Name: MEREK, NANCY
Address: 57520 GEARHART LANDINT
City-St-Zip: THREE RIVERS, MS 49093

Title: S ( ) Delete
Name: RENOLDS, DOUGLAS
Address: 11800 S. BELL AVENUE
City-St-Zip: CHICAGO, IL 60643

Title: T ( ) Delete
Name: NETH, JERRY
Address: PO BOX 1946
City-St-Zip: NOKOMIS, FL 34274

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 2VP (X) Change ( ) Addition
Name: GILLESPIE, JAMES
Address: 1611 CLOWER CREEK DRIVE
City-St-Zip: SARASOTA, FL 34231

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

Title: NDV (X) Change ( ) Addition
Name: MEREK, NANCY
Address: 57520 GEARHART LANDINT
City-St-Zip: THREE RIVERS, MS 49093

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: BARBARA STRATTON P 04/13/2009

Electronic Signature of Signing Officer or Director — Date