

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 20, 2009
Secretary of State

DOCUMENT# 745690

Entity Name: ASSOCIATION FOR INDEPENDENT MANAGERS, INC.**Current Principal Place of Business:**1384-54TH AVE NE
SAINT PETERSBURG, FL 33703**New Principal Place of Business:****Current Mailing Address:**1384-54TH AVE NE
SAINT PETERSBURG, FL 33703**New Mailing Address:****FEI Number:** 59-1878462**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BASTIE, GARY A
523 SOUTH 59TH STREET
SAINT PETERSBURG, FL 33707 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: COBD () Delete
Name: WINEBRENNER, JACK M
Address: 1384-54TH AVE NE
City-St-Zip: ST PETERSBURG, FL

Title: SD () Delete
Name: BASTIE, ROBERTA B.
Address: 523 - 59TH STREET SO.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: TD () Delete
Name: BASTIE, ROBERTA B.
Address: 523 - 59TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: PD () Delete
Name: BASTIE, GARY A.
Address: 523 S 59TH ST
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VP (X) Delete
Name: FARLEY, E MICHAEL
Address: 2632 SW EFRET POND CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: WINEBRENNER, L.M. JR
Address: 5431 NW 167TH ST.
City-St-Zip: OPA LOCKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: GARY BASTIE

PD

06/20/2009

Electronic Signature of Signing Officer or Director

Date