

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745690

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**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 (X)**

**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  
**Name:** WINEBRENNER, JACK M  
**Address:** 1384-54TH AVE NE  
**City-St-Zip:** ST PETERSBURG, FL 33703 US

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

**Title:** T  
**Name:** BASTIE, ROBERTA B  
**Address:** 523 - 59TH STREET S.  
**City-St-Zip:** ST. PETERSBURG, FL 33707 US

**Title:** PD  
**Name:** BASTIE, GARY A  
**Address:** 523 S 59TH ST  
**City-St-Zip:** SAINT PETERSBURG, FL 33707 US

**Title:** VP  
**Name:** WINEBRENNER, L.M. JR  
**Address:** 5431 NW 167TH ST.  
**City-St-Zip:** MIAMI LAKES, FL 33055 US

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:** JACK M. WINEBRENNER

COBD

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date