

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745690

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ASSOCIATION FOR INDEPENDENT MANAGERS, INC.

**Current Principal Place of Business:**

523 59TH STREET SOUTH  
SAINT PETERSBURG, FL 33707 US

**New Principal Place of Business:**

6860 GULFPORT BLVD #210  
SAINT PETERSBURG, FL 33707 US

**Current Mailing Address:**

523 59TH STREET SOUTH  
SAINT PETERSBURG, FL 33707 US

**New Mailing Address:**

6860 GULFPORT BLVD #210  
SAINT PETERSBURG, FL 33707 US

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

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

Title: D  
Name: CHAPMAN, DANIEL  
Address: 6860 GULFPORT BLVD #210  
City-St-Zip: ST PETERSBURG, FL 33707 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: GARY A BASTIE

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date