

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746038

FILED
Jan 06, 2009
Secretary of State

Entity Name: FLORIDA POLYGRAPH ASSOCIATION, INC.

Current Principal Place of Business:

30 IRIS LANE
DEBARY, FL 327130165

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530279
DEBARY, FL 327530279 US

New Mailing Address:

FEI Number: 59-1965454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THORPE, JOHN
30 IRIS LANE
DEBARY, FL 32713 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: T () Delete
Name: THORPE, JOHN
Address: 30 IRIS LANE
City-St-Zip: DEBARY, FL 32713

Title: V () Delete
Name: CRISCELLA, LOU
Address: 1835 S. PERIMETER ROAD, # 125
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P () Delete
Name: DEY, M.L. RANDY
Address: 4211 LOIS AVE
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: BINDER, TAMMY
Address: 1937 VINELAND DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: POE, RICHARD
Address: 14916 NEWPORT ROAD
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: WALTERS, SCOTT
Address: 3301 E. TAMiami TRAIL, BLD # J 1
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: CRISCELLA, LOU
Address: 1835 S. PERIMETER ROAD, # 125
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change () Addition
Name: DEY, M.L. RANDY
Address: 4211 LOIS AVE
City-St-Zip: TAMPA, FL 33614

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: JOHN THORPE

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date