

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746038

FILED
Jan 04, 2010
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
Name: THORPE, JOHN
Address: 30 IRIS LANE
City-St-Zip: DEBARY, FL 32713

Title: P
Name: DEY, RANDY
Address: HARDEE COUNTY S.O., 900 E SUMMIT ST
City-St-Zip: WAUCHULA, FL 33873

Title: D
Name: FLUNO, JOHN
Address: 841 S. E. 24TH STREET
City-St-Zip: OCALA, FL 34471

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

Title: D
Name: SANTAMARIA, JORGE
Address: 11305 N MCKINLEY DRIVE
City-St-Zip: TAMPA, FL 33612

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

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: JOHN THORPE, FPA TREASURER

TREA

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date