

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000818

FILED
Apr 08, 2009
Secretary of State

Entity Name: ASSOCIATION OF CONTINGENCY PLANNERS, INC.

Current Principal Place of Business:

PO BOX 266312
WESTON, FL 33326

New Principal Place of Business:

435 EAST ROYAL COVE CIRCLE
DAVIE, FL 33325

Current Mailing Address:

22800 SW 155TH AVE
MIAMI, FL 33170

New Mailing Address:

435 EAST ROYAL COVE CIRCLE
DAVIE, FL 33325

FEI Number: 33-0049513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFFMAN, LINDA
22800 SW 155 AVE
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

COHEN, REBEKKAH
435 EAST ROYAL COVE CIRCLE
DAVIE, FL 33325 US

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: REBEKKAH COHEN

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: HOFFMAN, LINDA
Address: 22800 SW 155TH AVE
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: MALLETT, LAURA
Address: P O BOX 266312
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: ALSAN, BOB
Address: 12200 NW 77 MANOR
City-St-Zip: PARKLAND, FL 33076

Title: S () Delete
Name: SERIO, TOM
Address: 2200 OLD GERMANTOWN RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: T (X) Delete
Name: COHEN, REBEKKAH
Address: 2100 W CYPRESS CREEK RD
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: COHEN, REBEKKAH
Address: 435 EAST ROYAL COVE CIRCLE
City-St-Zip: DAVIE, FL 33325

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

Title: D (X) Change () Addition
Name: HOFFMAN, LINDA
Address: 22800 SW 155TH AVE
City-St-Zip: MIAMI, FL 33170

Title: T (X) Change () Addition
Name: GENTILE, NICK
Address: 1102 WATERVIEW LANE
City-St-Zip: WESTON, FL 33326

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: REBEKKAH COHEN

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date