

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000006803

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL ASSOCIATION OF PROFESSIONAL AGENTS, INC.

**Current Principal Place of Business:**

9024 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 US

**New Principal Place of Business:**

**Current Mailing Address:**

9024 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 US

**New Mailing Address:**

**FEI Number:** 43-1649421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DARNELL, ROBERT W  
1820 RINGLING BOULEVARD  
SARASOTA, FL 34236 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:** PDC  
**Name:** MARINACCIO, LOUIS E  
**Address:** 20818 PARKSTONE TER  
**City-St-Zip:** LAKEWOOD RANCH, FL 34202

**Title:** STDC  
**Name:** MARINACCIO, ANN MARIE  
**Address:** 20818 PARKSTONE TER  
**City-St-Zip:** LAKEWOOD RANCH, FL 34202

**Title:** VD  
**Name:** MYERSCOUGH, MICHAEL  
**Address:** 1720 SPRING CREEK DR  
**City-St-Zip:** SARASOTA, FL 34239

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:** ANN MARIE MARINACCIO

ST

01/05/2011

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

\_\_\_\_\_  
Date