

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G65647

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: FAIA MEMBER SERVICES, INC.

## Current Principal Place of Business:

3159 SHAMROCK DRIVE SOUTH  
TALLAHASSEE, FL 323170117

## New Principal Place of Business:

## Current Mailing Address:

3159 SHAMROCK DRIVE SOUTH  
TALLAHASSEE, FL 323170117

## New Mailing Address:

FEI Number: 59-2334480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, JAY K  
3159 SHAMROCK SOUTH  
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PLAPPERT, STANLEY W  
Address: 6609 WILLOW PARK DR  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: WILLIAMS, JAY  
Address: 3159 SHAMROCK S  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: NORBERG, KENN  
Address: 525 W. LANTANA RD.  
City-St-Zip: LAKE WORTH, FL 33462

Title: C ( ) Delete  
Name: BAKER, BRUCE  
Address: 201 ALHAMBRA  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: FLEMMING, JOHN A  
Address: 23123 STATE ROAD 7, SUITE 255  
City-St-Zip: BOCA RATON, FL 33428

Title: ST ( ) Delete  
Name: GHOLSTON, KATHY  
Address: 3159 SHAMROCK DRIVE SOUTH  
City-St-Zip: TALLAHASSEE, FL 323170117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: DELLA PORTA, VERONICA CIC, CP  
Address: 3112 ST JOHNS BLUFF RD S  
City-St-Zip: JACKSONVILLE, FL 32246

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY WILLIAMS

D

01/26/2006

Electronic Signature of Signing Officer or Director

Date