

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G65647

FILED
Jan 15, 2008
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: C () 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: HORTON, EARL CPCU
Address: PO BOX 6090
City-St-Zip: CLEARWATER, FL 33758

Title: D () Delete
Name: LAURIE, JOHN
Address: PO BOX 9029
City-St-Zip: BRADENTON, FL 34206

Title: D () Delete
Name: LUDWIG, ROBERT AIC
Address: PO BOX 850
City-St-Zip: SARASOTA, FL 34230

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

Title: D (X) Change () Addition
Name: COSGROVE, LAURA
Address: 2807 EDGEWATER DR
City-St-Zip: ORLANDO, FL 32804 US

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 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

01/15/2008

Electronic Signature of Signing Officer or Director

Date