

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000497

FILED  
Jun 12, 2009  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS-TAMPA, INC.

**Current Principal Place of Business:**

P.O. BOX 47086  
TAMPA, FL 33646

**New Principal Place of Business:**

6002 GRAND PALM DRIVE  
#428  
TAMPA, FL 33647

**Current Mailing Address:**

P.O. BOX 47086  
TAMPA, FL 33646

**New Mailing Address:**

**FEI Number:** 23-7296271      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

OHALL, LAURIE E ESQ  
9350 BAY PLAZA BLVD STE 120-04  
TAMPA, FL 33619 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: AE ( ) Delete  
Name: GRAEBER, KATHY L  
Address: 9020 140TH WAY NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: P ( ) Delete  
Name: SALADINO, STEVEN P  
Address: 12610 NEW BRITTANY BLVD  
City-St-Zip: FORT MYERS, FL 33907

Title: V ( ) Delete  
Name: JACKSON, NEVILLE C  
Address: 4830 W KENNEDY BLVD STE 800  
City-St-Zip: TAMPA, FL 33609

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: AE (X) Change ( ) Addition  
Name: BATTLE, WENDY L  
Address: 6002 GRAND PALM DRIVE #428  
City-St-Zip: TAMPA, FL 33647

Title: P (X) Change ( ) Addition  
Name: FOSBROOK, JUDITH H  
Address: 90 ARBOR LANE  
City-St-Zip: OLDSMAR, FL 34677

Title: PE (X) Change ( ) Addition  
Name: CROOKS, RUSSELL W JR.  
Address: 2360 BOY SCOUT ROAD  
City-St-Zip: CLEARWATER, FL 33763

Title: S/T ( ) Change (X) Addition  
Name: SORIANO, RICARDO G  
Address: 24620 SR 54  
City-St-Zip: LUTZ, FL 33559

Title: V ( ) Change (X) Addition  
Name: MOSLEY, CONNIE S  
Address: 9720 LORRAYNE ROAD  
City-St-Zip: RIVERVIEW, FL 33578

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: WENDY L. BATTLE

AE

06/12/2009

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

\_\_\_\_\_  
Date