

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005921

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** FLORIDA BOARD OF CERTIFIED INVESTIGATORS, INC.

**Current Principal Place of Business:**

1319 MONTEGO LANE  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 570201  
ORLANDO, FL 328570201

**New Mailing Address:**

**FEI Number:** 59-3706656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORTON, MICHELLE M  
1319 MONTEGO LANE  
ORLANDO, FL 32807 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: D ( ) Delete  
Name: MORTON, MICHELLE M  
Address: 1319 MONTEGO LANE  
City-St-Zip: ORLANDO, FL 32807

Title: TD ( ) Delete  
Name: STURGEON, DEBORAH L  
Address: 4652 COVENTRY COURT  
City-St-Zip: ORLANDO, FL 32812

Title: CD ( ) Delete  
Name: ROSADO, LUIS III  
Address: 8920 PINE ISLAND RD  
City-St-Zip: CLEARMONT, FL 34711

Title: D ( ) Delete  
Name: CHURCH, JAMES D  
Address: 223 SON KEEN ROAD  
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete  
Name: SENNEFF, STUART A JR  
Address: 5390 HARBORAGE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: LEIBOLT, GRACE  
Address: 816 PINE SHADOW NDR.  
City-St-Zip: APOPKA, FL 32712

**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: ROSADO, LUIS III  
Address: 8920 PINE ISLAND RD  
City-St-Zip: CLEARMONT, FL 34711

Title: SD (X) Change ( ) Addition  
Name: CHURCH, JAMES D  
Address: 223 SON KEEN ROAD  
City-St-Zip: PLANT CITY, FL 33566

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 Section 119.07(3)(i), 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: MICHELLE M. MORTON

D

04/29/2005

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

\_\_\_\_\_  
Date