

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005921

FILED
Apr 30, 2006
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 (X)

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

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

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 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

04/30/2006

Electronic Signature of Signing Officer or Director

Date