

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004511

FILED
Jan 06, 2004
Secretary of State**Entity Name:** THE NATIONAL SOCIETY OF PROFESSIONAL INSURANCE INVESTIGATORS, INC.**Current Principal Place of Business:**950 SOUTH WINTER PARK DRIVE
STE.#310
CASSELBERRY, FL 32707 US**New Principal Place of Business:****Current Mailing Address:**950 SOUTH WINTER PARK DRIVE
STE.#310
CASSELBERRY, FL 32707 US**New Mailing Address:****FEI Number:** 14-1841663 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NICKOLICH, PETER P
950 SOUTH WINTER PARK DRIVE
STE.#310
CASSELBERRY, FL 32707 US**Name and Address of New Registered Agent:**WATSON, MARK R
950 SOUTH WINTER PARK DRIVE
STE.#310
CASSELBERRY, FL 32707 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: MARK R. WATSON

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: ZAPPOLO, JERRY
Address: 227 CORNELL DRIVE
City-St-Zip: LAKE WORTH, FL 33460 US**Title:** V () Delete
Name: MENSCH, DENNIS
Address: 5701 STERLING ROAD
City-St-Zip: DAVIE, FL 33314 US**Title:** V () Delete
Name: LUCAS, STEVEN
Address: P.O. BOX 2716
City-St-Zip: ORMOND BEACH, FL 32175 US**Title:** SD () Delete
Name: LA POINTE, DOUGLAS J
Address: 15 WEST CHURCH ST., STE. #301
City-St-Zip: ORLANDO, FL 328013351 US**Title:** TD () Delete
Name: WATSON, MARK
Address: 950 S. WINTER PARK DRIVE, STE.#310
City-St-Zip: CASSELBERRY, FL 32707 US**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:

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: MARK R. WATSON

TD

01/06/2004

Electronic Signature of Signing Officer or Director

Date