

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004511

FILED  
Jan 03, 2005  
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:**

WATSON, MARK R  
950 SOUTH WINTER PARK DRIVE  
STE.#310  
CASSELBERRY, FL 32707 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: 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: SD (X) Change ( ) Addition  
Name: NOCERO, AIMEE M ESQUIRE  
Address: P.O. BOX 547638  
City-St-Zip: ORLANDO, FL 328547638 US

Title: TD (X) Change ( ) Addition  
Name: WATSON, MARK R CPA  
Address: 950 S. WINTER PARK DRIVE, STE.#310  
City-St-Zip: CASSELBERRY, FL 32707 US

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

01/03/2005

Electronic Signature of Signing Officer or Director

Date