

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004511

FILED
Apr 10, 2008
Secretary of State

Entity Name: THE NATIONAL SOCIETY OF PROFESSIONAL INSURANCE INVESTIGATORS, INC.

Current Principal Place of Business:

250 INTERNATIONAL PKWY
STE.#118
LAKE MARY, FL 32746 US

New Principal Place of Business:

226 N. NOVA ROAD
SUITE 198
ORMOND BEACH, FL 32174 US

Current Mailing Address:

250 INTERNATIONAL PKWY
STE.#118
LAKE MARY, FL 32746 US

New Mailing Address:

226 N. NOVA ROAD
STE.# 198
ORMOND BEACH, FL 32174 US

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
250 INTERNATIONAL PKWY
STE.#118
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

LUCAS, STEPHEN J
226 N. NOVA ROAD
SUITE 198
ORMOND BEACH, FL 32174 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: STEPHEN J. LUCAS

04/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ZAPPOLO, JERRY
Address: 227 CORNELL DRIVE
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D () Delete
Name: MENSCH, DENNIS
Address: 7560 NW 79TH AVE, UNIT V-5
City-St-Zip: TAMARAC, FL 33321 US

Title: PD () Delete
Name: LUCAS, STEVEN
Address: P.O. BOX 1716
City-St-Zip: ORMOND BEACH, FL 321751716 US

Title: SD () Delete
Name: NOCERO, AIMEE M ESQUIRE
Address: 1332 W COLONIAL DR
City-St-Zip: ORLANDO, FL 328047142 US

Title: TD (X) Delete
Name: WATSON, MARK R CPA
Address: 250 INTERNATIONAL PKWY STE. #118
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUCAS, STEPHEN
Address: 226 N. NOVA ROAD, SUITE 198
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP (X) Change () Addition
Name: REYNOLDS, MICHAEL
Address: 320 DUNDAS DRIVE, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D (X) Change () Addition
Name: MCCULLOUGH, MELISSA ESQUIRE
Address: 1450 SOUTH WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: SD (X) Change () Addition
Name: NOCERO, AIMEE M ESQUIRE
Address: 1332 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804 US

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

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: STEPHEN J. LUCAS

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date