

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004511

FILED
Feb 19, 2009
Secretary of State

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

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

320 DUNDAS DR.
SUITE 1
JACKSONVILLE, FL 32218 US

New Mailing Address:

320 DUNDAS DR.
SUITE 1
JACKSONVILLE, FL 32218 US

FEI Number: 14-1841663 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

REYNOLDS, MICHAEL
320 DUNDAS DR.
SUITE 1
JACKSONVILLE, FL 32218 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: MICHAEL REYNOLDS

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP1 (X) Change () Addition
Name: GROELLE, ROBERT
Address: 12012 SOUTH SHORE BLVD., SUITE 200
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP2 (X) Change () Addition
Name: LOOMIS, JON
Address: 4654 S.R. 64E, SUITE 156
City-St-Zip: BRADENTON, FL 34208

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

Title: D () Change (X) Addition
Name: MCCULLOUGH, MELISSA ESQUIRE
Address: 1450 S. WOODLAND BLVD., 4TH FLOOR
City-St-Zip: DELAND, FL 32720 US

Title: TREA () Change (X) Addition
Name: KAZEE, TIMOTHY S ESQUIRE
Address: 1450 S. WOODLAND BLVD., 4TH FLOOR
City-St-Zip: DELAND, FL 32720 US

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: TIMOTHY S. KAZEE

TREA

02/19/2009

Electronic Signature of Signing Officer or Director

Date