
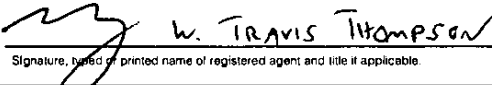
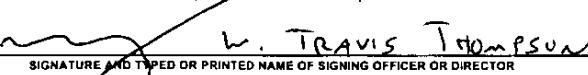


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90033 050 \*\*\*\*61.25

<b>DOCUMENT # N02000007297</b> 1. Entity Name <b>FLORIDA ASSOCIATION FOR INSTITUTIONAL RESEARCH, INC.</b>			
Principal Place of Business <b>C/O DR CHARLENE HERREID/USF PLANNING &amp; ANA 4202 E FOWLER AVE TAMPA, FL 33620</b>		Mailing Address <b>C/O DR CHARLENE HERREID/USF PLANNING &amp; ANA 4202 E FOWLER AVE TAMPA, FL 33620</b>	
2. Principal Place of Business - No P.O. Box # <b>4202 E. Fowler Ave</b>		3. Mailing Address <b>FAIR</b>	
Suite, Apt. #, etc. <b>NEC119</b>		Suite, Apt. #, etc. <b>30580 USF HOLLY DRIVE</b>	
City & State <b>Tampa FL</b>		City & State <b>TAMPA FL</b>	
Zip <b>33620</b>		Zip <b>33620-3058</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3742119</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <del>SAHS, SHERRI</del> <del>EMBRY RIDDLE AERONAUTICAL UNIVERSITY CORSA</del> <del>600 S CLYDE MORRIS BLVD, OFFICE OF INST.RE</del> <del>DAYTONA BEACH, FL 32114-3900</del>		7. Name and Address of New Registered Agent Name <b>Travis Thompson</b> Street Address (P.O. Box Number is Not Acceptable) <b>4202 E. Fowler Ave NEC119</b> <b>University of South Florida</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33620</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <b>W. TRAVIS THOMPSON</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>4-6-07</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>SAHS, SHERRI</b> <b>ERAU 600 S CLYDE MORRIS BLVD STE 103</b> <b>DAYTONA BEACH, FL 321143900</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>THOMPSON, TRAVIS</b> <b>FAIR</b> <b>30580 USF HOLLY DRIVE</b> <b>TAMPA, FL 33620-3058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete <b>HERREID, CHARLENE</b> <b>4202 E FOWLER AVE</b> <b>TAMPA, FL 33620</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>HERREID, CHARLENE</del> <b>FAIR</b> <b>30580 USF HOLLY DRIVE</b> <b>TAMPA, FL 33620-3058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE <input type="checkbox"/> Delete <b>THOMPSON, TRAVIS</b> <b>4202 E FOWLER AVE</b> <b>TAMPA, FL 33620</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JAIME CASTRO</b> <b>COORDINATOR IIRP SANTA FE CC</b> <b>3000 NW 83RD STREET</b> <b>GAINESVILLE, FL 32606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE:  <b>W. TRAVIS THOMPSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-7-07</b> Daytime Phone # <b>813 974 1630</b>	