## **2007 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

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

513 974 1630 Daytime Phone #

DOCUMENT # N0200007297  1. Entity Name FLORIDA ASSOCIATION FOR INSTITUTIONAL RESEARCH, INC.							04-11-2007	•		
Principal Place of Business C/O DR CHARLENE HERREID/USF PLANNING & ANA 4202 E FOWLER AVE TAMPA, FL 33620  Mailing Address C/O DR CHARLENE HERREID/L 4202 E FOWLER AVE TAMPA, FL 33620  TAMPA, FL 33620					F PLANNING & AI	4 (****)#1 #11 I				
		ness - No P.O. Box# ماأور Ave	3. Mailing Address	_						1
Suite, Apt. #, etc. NEC 119			Suite, Apt. #, etc. 30580 USF	30580 USF HOLLY DRIVE		04022007	Chg-NP	CR2E037	(12/06)	
City & State		FL	City & State TAMPA	FL	-	4. FEI Numbe 59-3742	2119			plied For t Applicable
<sup>Zip</sup> 336	20	Country	Zip 33620-3058	Cou US		5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered Ag	jent	
- <del>CAHS, SH</del>	FRRI				Name Tra	vis Tho	nosgm			
EMBRY RIDDLE AERONAUTICAL UNIVERSITY CORSA 600 S CLYDE MORRIS BLVD, OFFICE OF INST.RE					Street Address (P.O. Box Number is Not Acceptable) NECII9					
DAYTONA BEACH, PL 32114-3900						iversity	ef Sout	h Flor		<del></del>
						mpa		FL	Zip Code 3 3 6	
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SIGNATURE	Signature, typed		<u> </u>	Registered	Agent signature required	I when reinstating)		DATE	<u> </u>	
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	_		9. Efection Cam Trust Fund Co		· -	\$5.00 May Be Added to Fees		Make check ( prida Departn		
_10.	_		Trust Fund Co		on.	Added to Fees		rida Departn	nent of St	ate
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TITLE	P SAHS, SH ERAU 60	May 1, 2007 OFFICERS AND DIR	Trust Fund Co	11. TITLE NAME	P THOA TADDRESS FAIR	Added to Fees  ADDITIONS/CHA  ABON, TR  O USF HO	FIGURES TO OFFICE	ERS AND DIRE	CTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SAHS, SH ERAU 60 DAYTON ST	OFFICERS AND DIRI OFFICERS AND DIRI HERRI O S CLYDE MORRRIS B A BEACH, FL 32114390	Trust Fund Co	11. TITLE NAME STREE CITY-	P THOA TADDRESS ST-ZIP TAM	Added to Fees  ADDITIONS/CHA  AGON, TR  O USF HO  PA FL 3	FlounGES TO OFFICE  AVIS  LY DRIVE  3 & 20 - 3	erida Departn ERS AND DIRE	CTORS IN	ate 10
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SIGNATURE AND THEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR