

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90210 028 ****61.25

DOCUMENT # N02000007297 1. Entity Name FLORIDA ASSOCIATION FOR INSTITUTIONAL RESEARCH, INC.					
Principal Place of Business 4202 E FOWLER AVE TAMPA, FL 33620			Mailing Address 30580 USF HOLLY DR TAMPA, FL 33620		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3742119	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMPSON, TRAVIS 4202 E FOWLER AVE NE C119 UNIVERSITY OF S FLORIDA TAMPA, FL 33620				Name Jaime Castro Street Address (P.O. Box Number is Not Acceptable) 3020 NW 22 Street City Gainesville FL Zip Code 32605	
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 <u>Jaime Castro</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/23/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PE CASTRO, JAIME 30580 USF HOLLY DR TAMPA, FL 33620	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE ARCHER, SANDRA 30580 USF HOLLY DR TAMPA, FL 33620
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERREID, CHARLENE 30580 USF HOLLY DR TAMPA, FL 33620	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, TRAVIS 30580 USF HOLLY DR TAMPA, FL 33620	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAIME CASTRO 30580 USF HOLLY DR TAMPA FL 33620
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
		<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 all other like empowered.					
SIGNATURE: <u>Jaime Castro</u> <u>Jaime Castro</u> <u>4/23/08</u> <u>(352)222-1071</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					