

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007297

FILED
Apr 10, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR INSTITUTIONAL RESEARCH, INC.

Current Principal Place of Business:

4202 E FOWLER AVE
TAMPA, FL 33620

New Principal Place of Business:

Current Mailing Address:

30580 USF HOLLY DR
TAMPA, FL 33620

New Mailing Address:

FEI Number: 59-3742119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRO, JAIME
3020 NW 22 STREET
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

ARCHER, SANDRA PHD
12424 RESEARCH PKWY
215
ORLANDO, FL 32826 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: SANDRA ARCHER

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: HERREID, CHARLENE
Address: 30580 USF HOLLY DR
City-St-Zip: TAMPA, FL 33620

Title: P () Delete
Name: CASTRO, JAIME
Address: 30580 USF HOLLY DR
City-St-Zip: TAMPA, FL 33620

Title: PE () Delete
Name: ARCHER, SANDRA
Address: 30580 USF HOLLY DR
City-St-Zip: TAMPA, FL 33620

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: GARCIA, VALERIA PHD
Address: 30580 USF HOLLY DR
City-St-Zip: TAMPA, FL 33620

Title: P (X) Change () Addition
Name: ARCHER, SANDRA PHD
Address: 12424 RESEARCH PKWY, STE 215
City-St-Zip: ORLANDO, FL 32826

Title: PE (X) Change () Addition
Name: REAVES, KEN
Address: 111 LAKE HOLLINGSWORTH DR.
City-St-Zip: LAKELAND, FL 33801

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: VALERIA GARCIA

ST

04/10/2009

Electronic Signature of Signing Officer or Director

Date