


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90106 040 ****61.25

DOCUMENT # N04000003698

1. Entity Name
NATIONAL ASSOCIATION OF SCREENING AGENCIES, INC.



Principal Place of Business Mailing Address
337 DUKE ST **337 DUKE ST**
ALEXANDRIA, VA 22314 **ALEXANDRIA, VA 22314**

40076211



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04152008 Chg-NP CR2E037 (12/06)

City & State City & State

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALASCHAK, JAMES
600 LONG LAKE DR.
OVIEDO, FL 32765

Name **James Balaschak**
 Street Address (P.O. Box Number is Not Acceptable)
7900 Lake Dawn Dr
 City **Winter Park** FL Zip Code **32792**

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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	P	<input checked="" type="checkbox"/> Delete
NAME	MALONE, PAT J	
STREET ADDRESS	10050 RALSTON RD #7	
CITY-ST-ZIP	ARVADA, CO 80004	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RHINESMITH, FRITZ	
STREET ADDRESS	P.O. BOX 1145	
CITY-ST-ZIP	LAFAYETTE, CA 94549	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WARD, MARTY	
STREET ADDRESS	P.O. BOX 9140	
CITY-ST-ZIP	VAN NUYS, CA 91409	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE WEBER, BILL	
STREET ADDRESS	627 E SPRAGUE, STE 111 1636 W. 1st	
CITY-ST-ZIP	SPOKANE, WA 99202 99201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fritz Rhinesmith	
STREET ADDRESS	PO Box 1145	
CITY-ST-ZIP	La Fayette, CA 94549	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Mikkelsen	
STREET ADDRESS	7525 Mitchell Rd # 301	
CITY-ST-ZIP	Eden Prairie MN 55344	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Tucci	
STREET ADDRESS	PO Box 111088	
CITY-ST-ZIP	Tacoma, WA 98411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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: _____ **4/17/08** **509-624-2229**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #