

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004888

FILED  
Apr 12, 2009  
Secretary of State

**Entity Name:** NATIONAL WORKERS' COMPENSATION DEFENSE NETWORK, INC.

**Current Principal Place of Business:**

315 PLANT AVE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

315 PLANT AVE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 33-1092131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRACE, ROBERT J  
315 PLANT AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STILES, MARYANN  
Address: 315 PLANT AVE.  
City-St-Zip: TAMPA, FL 33606

Title: VD ( ) Delete  
Name: ROSS, WILLIMA S  
Address: 1400 MCDONALD INVEST. CTR 800 SUPERIOR AV  
City-St-Zip: CLEVELAND, OH 441142688

Title: TD ( ) Delete  
Name: TAYLOR, RAYFORD H  
Address: 2837 COUNTRY HOUSE LN.  
City-St-Zip: BUFORD, GA 30519

Title: SD ( ) Delete  
Name: WANN, DIANA  
Address: 127 W. MAIN ST. STE 314  
City-St-Zip: LEBANON, IN 46051

Title: D ( ) Delete  
Name: JONES, H. DOUGLAS  
Address: 51 CAVALIER BLVD STE 260  
City-St-Zip: FLORENCE, KY 41022

Title: D ( ) Delete  
Name: RITSEMA, FRED  
Address: 999 18TH ST  
City-St-Zip: DENVER, CO 802020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STILES, MARY ANN  
Address: 315 PLANT AVE.  
City-St-Zip: TAMPA, FL 33606

Title: VD (X) Change ( ) Addition  
Name: ROSS, WILLIAM S  
Address: 1400 MCDONALD INVEST. CTR 800 SUPERIOR AV  
City-St-Zip: CLEVELAND, OH 441142688

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAYFORD H. TAYLOR

TD

04/12/2009

Electronic Signature of Signing Officer or Director

Date