

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006096

FILED  
Feb 15, 2008  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF FORENSIC PROFESSIONALS, INC.

**Current Principal Place of Business:**

14000 EAST PALOMINO DRIVE  
SOUTHWEST RANCHES, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

14000 EAST PALOMINO DRIVE  
SOUTHWEST RANCHES, FL 33330

**New Mailing Address:**

**FEI Number:** 20-1284312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOOK, RONALD L  
2999 N.E. 191 STREET  
PH6  
AVENTURA, FL 33180 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: P ( ) Delete  
Name: REYNOLDS, CHERE S  
Address: 9105 NW 25TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: V ( ) Delete  
Name: FLEISHER, KAREN  
Address: 9105 NW 25TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: S ( ) Delete  
Name: BRAVO, MARIO C  
Address: 9105 NW 25TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: BACOT, CHRIS  
Address: 2331 HILLIPS ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: HERRING, CAROL E  
Address: 771 FENTRESS BOULEVARD SUITE 12  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete  
Name: WALKER, DONALD  
Address: 1301 PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32503

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

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:

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: BRIAN L REYNOLDS

MR

02/15/2008

Electronic Signature of Signing Officer or Director

Date