

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006701

FILED  
Feb 23, 2006  
Secretary of State

**Entity Name:** INTERNATIONAL ASSOCIATION OF SUCCESSION PLANNING, INC.

**Current Principal Place of Business:**

453 N. KIRKMAN ROAD, SUITE 101  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

453 N. KIRKMAN ROAD, SUITE 101  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

RAWLS, LOYD H  
453 N. KIRKMAN ROAD, SUITE 101  
ORLANDO, FL 32811    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: PC                      ( ) Delete  
Name: RAWLS, LOYD H  
Address: 453 N. KIRKMAN ROAD, SUITE 101  
City-St-Zip: ORLANDO, FL 32811

Title: T                      ( ) Delete  
Name: THILL, DANIEL J  
Address: 453 N. KIRKMAN ROAD, SUITE 101  
City-St-Zip: ORLANDO, FL 32811

Title: D                      ( ) Delete  
Name: CIAMBELLA, DAVID J  
Address: 453 N. KIRKMAN ROAD, SUITE 101  
City-St-Zip: ORLANDO, FL 32811

Title: S                      ( ) Delete  
Name: VICTORIO, RICCI M  
Address: 2420 MARTIN RD - SUITE 300  
City-St-Zip: FAIRFIELD, CA 94533

Title: D                      ( ) Delete  
Name: ROBERTS, HUGH B  
Address: 21031 VENTURA BLVD - SUITE 704  
City-St-Zip: WOODLAND HILLS, CA 91364

Title: D                      ( ) Delete  
Name: DOUDNA, DONALD J  
Address: 1500 NW 118TH ST.  
City-St-Zip: CLIVE, IA 50325

**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 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: LOYD H RAWLS

PC

02/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date