2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N05000006701

Entity Name: INTERNATIONAL ASSOCIATION OF SUCCESSION PLANNING, INC.

Current Principal Place of Business:

1700 W. COLONIAL DRIVE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1700 W. COLONIAL DRIVE
ORLANDO, FL 32804

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
1700 W. COLONIAL DRIVE
ORLANDO, FL 32804 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:	1700 W. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32804	
Title:	T	( ) Delete
Name:	THILL, DANIEL J	
Address:	1700 W. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	CIAMBELLA, DAVID J	
Address:	1700 W. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32804	
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:	RAWLS, AMY G	
Address:	1700 W. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32804	

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:	D	(X) Change ( ) Addition
Name:	CIAMBELLA, DAVID J	
Address:	1700 W. COLONIAL DRIVE	
City-St-Zip:	ORLANDO, FL 32804	
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: AMY G RAWLS D 03/19/2009

Electronic Signature of Signing Officer or Director — Date