

006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

03-02-2006 90011 044 ****61.25

DOCUMENT # N05000007959					
1. Entity Name FLORIDA DIVISION INCORPORATED OF THE INTERNATIONAL ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS					
Principal Place of Business 14252 ACORN RIDGE DRIVE ORLANDO, FL 32828			Mailing Address 14252 ACORN RIDGE DRIVE ORLANDO, FL 32828		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02172006 Chg-NP CR2E037 (11/05)	
4. FEL Number 59-6153407				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, HELEN 14252 ACORN RIDGE DRIVE ORLANDO, FL 32828			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, HELEN 14252 ACORN RIDGE DRIVE ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANDREAU, FLORENCE 9937 JOE EBERT ROAD SEFFNER, FL 335842642	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, PEGGY 8600 HENDERSON GRADE ROAD NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8601 HENDERSON GR. RD.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEHM, LAURIE 18153 ROBERTSON DRIVE ORLANDO, FL 32833	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNCH, JOANNE 5419 SWINDELL ROAD LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2511 KO CT. LAKELAND, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<div style="font-size: 4em; opacity: 0.5;">COPY</div>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: <u>Peggy E. Poole</u> PEGGY E. POOLE			2-21-06 239-790-2023		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

8/2006 FA

001/001

ATTACHMENT

6602276A
Attn: Joanne Bunch.
FAX (407) 397-3750

Date	Seq Num	Account	Amount	Serial Num
03/07/06	18482992	700700766666	61.25	1239

INTERNATIONAL ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS Florida Division 621 Orchid Lane Altamonte Springs, Florida 32714		40022707 2-27-06 DATE	1239 65-2154071
PAY TO THE ORDER OF <u>FL Department of State</u>		\$ <u>61.25</u>	
<u>Sixty One and 25/100</u>		DOLLARS	
SUNTRUST SunTrust Bank, Central Florida Winter Park Office (407) 838-4794 Winter Park, FL		<u>Joanne Bunch</u>	
FIVE			

Federal ID# is 59-6153407

STATE OF FLORIDA DEPARTMENT OF STATE FOR DEPOSIT ONLY APR 11 2006	654069500
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