


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90002 049 ****61.25

DOCUMENT # N05000007959 1. Entity Name FLORIDA DIVISION INCORPORATED OF THE INTERNATIONAL ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS					
Principal Place of Business 8601 HENDERSON GR. RD. NORTH FORT MYERS, FL 33917			Mailing Address 8601 HENDERSON GR. RD. NORTH FORT MYERS, FL 33917		
2. Principal Place of Business - No P.O. Box # 18153 Robertson St. Suite, Apt. #, etc.		3. Mailing Address 18153 Robertson St Suite, Apt. #, etc.			
City & State Orlando, FL Zip 32833		City & State Orlando, FL Zip 32833		Country USA	
4. FEI 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 POOLE, PEGGY 8601 HENDERSON GR. RD. NORTH FORT MYERS, FL 33917			7. Name and Address of New Registered Agent Name Laurie Boehm Street Address (P.O. Box Number is Not Acceptable) 18153 Robertson Street City Orlando FL Zip Code 32833		
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 <u>Laurie Boehm, President</u> 2/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD POOLE, PEGGY <input checked="" type="checkbox"/> Delete 8601 HENDERSON GR. RD. NORTH FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOEHM, LAURIE <input type="checkbox"/> Delete 18153 ROBERTSON DRIVE ORLANDO, FL 32833		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Boehm, Laurie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18153 Robertson Street Orlando FL 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUNCH, JOANNE <input checked="" type="checkbox"/> Delete 2511 KO CT. LAKELAND, FL 33809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRESE, LINDA <input type="checkbox"/> Delete 4830 NW 43RD STREET, APT Q264 GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Freese, Linda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3601 SW 31 Dr Apt 6C Gainesville FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MacKenzie, Joanne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10969 NW 60th Avenue Ocala, FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Linda Freese</u> Linda Freese <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/25/08 352-377-5821 <small>Date Daytime Phone #</small>		

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