

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007959

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** FLORIDA DIVISION INCORPORATED OF THE INTERNATIONAL ASSOCIATION OF  
ADMINISTRATIVE PROFESSIONALS

**Current Principal Place of Business:**

18153 ROBERTSON ST.  
ORLANDO, FL 32833

**New Principal Place of Business:**

**Current Mailing Address:**

18153 ROBERTSON ST.  
ORLANDO, FL 32833

**New Mailing Address:**

**FEI Number:** 59-6153407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOEHM, LAURIE  
18153 ROBERTSON STREET  
ORLANDO, FL 32833 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: PD ( ) Delete  
Name: BOEHM, LAURIE  
Address: 18153 ROBERTSON STREET  
City-St-Zip: ORLANDO, FL 32833

Title: VD ( ) Delete  
Name: FREESE, LINDA  
Address: 3601 SW 31 DR APT 66  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete  
Name: MACKENZIE, JOANNE  
Address: 10969 NW 60TH AVENUE  
City-St-Zip: OCALA, FL 34482

**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:

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: PATTI CLARK

T

03/02/2009

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

\_\_\_\_\_  
Date