

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010301

FILED
Apr 08, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PERSONNEL SERVICES, INC.

Current Principal Place of Business:

2180 W STATE ROAD 434
SUITE 4160
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W STATE ROAD 434
SUITE 4160
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-5862820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUER, GREG
2180 W STATE ROAD 434
SUITE 4160
LONGWOOD, FL 32779 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: D () Delete
Name: SAUER, GREG
Address: 2180 W STATE ROAD 434, SUITE 4160
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: DIMASCIO, SUZETTE
Address: 400 LEXINGTON GREEN LANE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: CIARAMITARO, TONY
Address: 509 W COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: STD () Delete
Name: BENNETT, BETH
Address: 2180 W STATE ROAD 434, SUITE 4160
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COE, NICOLE
Address: 10150 HIGHLAND MANOR DRIVE, SUITE 200
City-St-Zip: TAMPA, FL 33610

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: BETH BENNETT

STD

04/08/2008

Electronic Signature of Signing Officer or Director

Date