2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N06000011551

Entity Name: NATIONAL INCIDENT DISPATCHER ASSOCIATION, INC

Current Principal Place of Business:

1128 ROYAL PALM BEACH BLVD
327
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1128 ROYAL PALM BEACH BLVD
327
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-5838981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANEY, BONNIE
6782 MANGO BLVD
WEST PALM BEACH, FL 33412 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:	MANEY, BONNIE	
Address:	6782 MANGO BLVD	
City-St-Zip:	WEST PLAM BEACH, FL 33412	
Title:	D	( ) Delete
Name:	LARSON, RANDALL	
Address:	1128 ROYAL PALM BCH, #327	
City-St-Zip:	ROYAL PALM BCH, FL 33411	
Title:	D	( ) Delete
Name:	LARTON, DAVE	
Address:	1128 ROYAL PALM BEACH BLVD, #327	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	STABLER, DON	
Address:	1656 NICOL WAY	
City-St-Zip:	MANTECA, CA 95336	
Title:	T	( ) Delete
Name:	WYMAN, TONI A MS	
Address:	1128 ROYAL PALM BEACH BLVD, #327	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	

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:	( ) 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: TONI A WYMAN T 05/13/2009
Electronic Signature of Signing Officer or Director — Date