

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000922

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA COURT PUBLIC INFORMATION OFFICERS, INC.

Current Principal Place of Business:

500 S. DUVAL ST
TALLAHASSEE, FL 32399

New Principal Place of Business:

Current Mailing Address:

500 S. DUVAL ST
TALLAHASSEE, FL 32399

New Mailing Address:

FEI Number: 20-8606238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, ROBERT C
500 S. DUVAL ST.
TALLAHASSEE, FL 32399 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: P () Delete
Name: STUART, RON
Address: 14250 49TH ST. NO. SUITE 2000
City-St-Zip: CLEARWATER, FL 33726

Title: VP () Delete
Name: JUSTICE, MOLLY
Address: 251 N. RIDGEWOOD AVENUE, SUITE 110
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: STOTZ, CHRISTOPHER
Address: 201 S.E. 6TH STREET, ROOM #880-A
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: T () Delete
Name: THOMAS, DEBBIE C
Address: 550 W. MAIN ST.
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: WATERS, ROBERT C
Address: 500 S. DUVAL ST.
City-St-Zip: TALLAHASSEE, FL 32399

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: SIGLER, EUNICE
Address: MIAMI-DADE COUNTY COURTHOUSE
City-St-Zip: MIAMI, FL 33130

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: ROBERT C. WATERS

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date