

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 23, 2009
Secretary of State

DOCUMENT# N07000003401

Entity Name: INTERNET MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

1152 N. UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1152 N. UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 20-8668097 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

L. GREGORY LOOMAR, P.A.
1152 N. UNIVERSITY DRIVE
SUITE 201
PEMBROKE PINES, FL 33024 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: AGGELOPOULOS, CATHY
Address: 11535 W 183RD PLACE #103
City-St-Zip: ORLAND PARK, IL 60467

Title: S () Delete
Name: PEPE, PATRICIA
Address: 549 CENTERWOOD DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: V () Delete
Name: LIZANA, CYNTHIA
Address: 7126 ECKHERT ROAD, SUITE 101
City-St-Zip: SAN ANTONIO, TX 78238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIZANA, CYNTHIA
Address: 7126 ECKHERT RD., SUITE 101
City-St-Zip: SAN ANTONIO, TX 78238

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

Title: V (X) Change () Addition
Name: PEPE, PATRICIA
Address: 549 CENTERWOOD DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

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: CYNTHIA LIZANA

P

11/23/2009

Electronic Signature of Signing Officer or Director

_____ Date