2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# N07000004041

Entity Name: FLORIDA ASSOCIATION OF JUDGMENT PROFESSIONALS, INC.

Current Principal Place of Business:

3930 BO TREE ROAD
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600151
JACKSONVILLE, FL 322600151

New Mailing Address:

FEI Number: 26-0175794 **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:

ZOELLNER, JAMES A
616 HAMPTON DOWNS COURT
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

ZOELLNER, JIM
616 HAMPTON DOWNS COURT
JACKSONVILLE, FL 32259 US

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: JIM ZOELLNER 05/18/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOFFMEYER, SHARON E
Address: P.O. BOX 600151
City-St-Zip: JACKSONVILLE, FL 322600151

Title: V ( ) Delete
Name: MCCLOUD, MARK
Address: P.O. BOX 600151
City-St-Zip: JACKSONVILLE, FL 322600151

Title: S ( ) Delete
Name: MCCLOUD, KARA
Address: P.O. BOX 600151
City-St-Zip: JACKSONVILLE, FL 322600151

Title: T (X) Delete
Name: ZOELLNER, JIM
Address: P.O. BOX 600151
City-St-Zip: JACKSONVILLE, FL 322600151

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: BOWMAN, KEVIN
Address: P.O. BOX 600151
City-St-Zip: JACKSONVILLE, FL 322600151

Title: T (X) Change ( ) Addition
Name: ZOELLNER, JIM
Address: P.O. BOX 600151
City-St-Zip: JACKSONVILLE, FL 322600151

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: JIM ZOELLNER T 05/18/2009
Electronic Signature of Signing Officer or Director Date