

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08312

**FILED**  
**Apr 13, 2004**  
**Secretary of State****Entity Name:** FLORIDA ASSOCIATION OF PROFESSIONAL PROCESS SERVERS, INC.**Current Principal Place of Business:**2831 RINGLING BLVD.  
SUITE 121-F  
SARASOTA, FL 34237 US**New Principal Place of Business:****Current Mailing Address:**2831 RINGLING BLVD.  
SUITE 121-F  
SARASOTA, FL 34237 US**New Mailing Address:****FEI Number:** 59-2463953      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VAUSE, TODD  
655 E. TENNESSEE ST.  
TALLAHASSEE, FL 32308 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:** VAUSE, WILLIAM TODD  
**Address:** 655 E. TENNESSEE ST.  
**City-St-Zip:** TALLAHASSEE, FL 32308 US**Title:** D      ( ) Delete  
**Name:** CRUMMEY, BEVERLY  
**Address:** 380 RIGGS AVE  
**City-St-Zip:** MELBOURNE, FL 32951**Title:** P      ( ) Delete  
**Name:** ZAWACKI, MARGIE  
**Address:** 2831 RINGLING BLVD., #121-F  
**City-St-Zip:** SARASOTA, FL 34237**Title:** S      ( ) Delete  
**Name:** LEHR, STEVE  
**Address:** 10636 NW 10TH ROAD  
**City-St-Zip:** GAINESVILLE, FL 32606**Title:** D      ( ) Delete  
**Name:** COMPTON, MIKE  
**Address:** P.O. BOX 5848  
**City-St-Zip:** TALLAHASSEE, FL 32314**Title:** D      ( ) Delete  
**Name:** GASTON, BARRY  
**Address:** P.O. BOX 804  
**City-St-Zip:** LAKE WALES, FL 33859**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P      (X) Change ( ) Addition  
**Name:** ZAWACKI, MARGARET L  
**Address:** 2831 RINGLING BLVD., SUITE 121-F  
**City-St-Zip:** SARASOTA, FL 34237**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T      (X) Change ( ) Addition  
**Name:** WARDWELL, DIANA  
**Address:** 818 E. NEW HAVEN AVE., SUITE 2-B  
**City-St-Zip:** MELBOURNE, FL 32951**Title:** S      (X) Change ( ) Addition  
**Name:** MCDONALD, TROY  
**Address:** 921 S.E. CENTRAL PARKWAY  
**City-St-Zip:** STUART, FL 34994**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP      (X) Change ( ) Addition  
**Name:** GASTON, BARRY  
**Address:** P.O. BOX 166  
**City-St-Zip:** LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARGARET L. ZAWACKI

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date