

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08312

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PROFESSIONAL PROCESS SERVERS, INC.

Current Principal Place of Business:

1288 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1288 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 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:

COMPTON, MICHAEL R
1288 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 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: T () Delete
Name: ZAWACKI, MARGARET L
Address: 3293 FRUITVILLE ROAD, STE 106
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: THORNTON, TAMMIE
Address: 3214 SAMANTHA DR
City-St-Zip: CANTONMENT, FL 325337414

Title: D () Delete
Name: WARDWELL, DIANA
Address: 1964 DAIRY ROAD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D (X) Delete
Name: DEAL, JANET
Address: 8450 S.R. 84
City-St-Zip: FT LAUDERDALE, FL 33324

Title: S (X) Delete
Name: MULBERRY, LAURIE
Address: 4050 LAKESPUR CIRCLE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP (X) Delete
Name: MUSSER, BOB
Address: 5415 LAKE HOWELL ROAD #327
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MULBERRY, LAURIE
Address: 4050 LAKESPUR CIRCLE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP (X) Change () Addition
Name: MOUSER, BOB
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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: MARGARET L ZAWACKI

TRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date