2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16290

FILED Apr 02, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PROFESSIONAL EMPLOYER ORGANIZATIONS, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
335 BEARD TALLAHAS	STREET SEE, FL 3230	3 US				
Current Mailing Address:			New Mail	New Mailing Address:		
PO BOX 14 TALLAHAS	629 SEE, FL 3231	74629 US				
FEI Number: 59-2986575 FEI Number Applied For () FEI Nu			FEI Number Not App	Imber Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	d Address o	f New Registered Agent:	
SUITE 202 TAMPA, FL	ORIDA AVE 33613 US				d eff	
in the State		ubmits this statement for the pi	urpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR						
Electronic Signature of Registered Agent			nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () CORLEY, MICHA 6407 PARKLAND SARASOTA, FL	D DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	BECK, BOB	Delete E DRIVE, SUITE 600 DALE, FL 33334	Title: Name: Address: City-St-Zip:		(X) Change () Addition i, MARK BRESS AVE., SUITE 250 M BEACH, FL 33407	
Title: Name: Address: City-St-Zip:	D () STOLL, RON 2145 14TH AVE. VERO BEACH, F		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DOMINGUEZ, JO 4224 W HENDE TAMPA, FL 336	RSON BLVD.	Title: Name: Address: City-St-Zip:		(X) Change () Addition S MARTIN LUTHER KING JR ST N SBURG, FL 33716	
Title: Name: Address: City-St-Zip:	D'AMBROSIO, G	LVD., N, STE. 200	Title: Name: Address: City-St-Zip:		(X) Change () Addition O, GREG ER BLVD., N, STE. 200 BURG, FL 33702	
Title: Name: Address: City-St-Zip:	PERLBERG, MA	S AVE., STE. 250	Title: Name: Address: City-St-Zip:		(X) Change ()Addition DN H W STREET A, FL 32505	

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: MICHAEL CORLEY P 04/02/2009