

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2009
Secretary of State**

DOCUMENT# N20970

Entity Name: GOVERNMENT SUPERVISORS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:
11340 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025 US

New Principal Place of Business:
3600 RED ROAD
SUITE 405
MIRAMAR, FL 33025 US

Current Mailing Address:
11340 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025 US

New Mailing Address:
3600 RED ROAD
SUITE 405
MIRAMAR, FL 33025 US

FEI Number: 59-2508942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:
SLESNICK, DONALD D., II ESQ.
2701 PONCE DE LEON BLVD.
200
CORAL GABLES, FL 33134 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACKMAN, GREG
Address: 7801 FAIRWAY BLVD
City-St-Zip: MIRAMAR, FL 33023

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

Title: VD () Delete
Name: CASTILLO, OTTO
Address: 8940 SW 186TH TERRACE
City-St-Zip: MIAMI, FL 33157

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

Title: T () Delete
Name: CLARIT, WALTER
Address: 2830 NW 65TH TERRACE
City-St-Zip: MIAMI, FL 33147

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

Title: SD () Delete
Name: COLE, MICHAEL
Address: 13003 SW 114 PLACE
City-St-Zip: MIAMI, FL 33176

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

Title: 2V () Delete
Name: SPAINE, SHIRLEY
Address: 5741 SW 53RD TERRACE
City-St-Zip: DAVIE, FL 33314

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

Title: SA () Delete
Name: PERRONE, PAUL
Address: 16645 106 TERRACE NORTH
City-St-Zip: JUPITER, FL 33478

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: GREG BLACKMAN PD 02/02/2009
Electronic Signature of Signing Officer or Director Date