2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N22762

Entity Name: FLORIDA ASSOCIATION OF LICENSED RECOVERY AGENTS, INC.

Current Principal Place of Business:

4745 SE 36 AVE
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4526
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-2994561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCOY, KIM
7757 NW 146 STREET
HIALEAH, FL 33016

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: PD ( ) Delete
Name: ANSELL, VERNON
Address: 4745 NE 36 AVE
City-St-Zip: OCALA, FL

Title: TD ( ) Delete
Name: PHILILIP, SNYDER
Address: P.O. BOX 13432
City-St-Zip: TAMPA, FL 33681

Title: ED ( ) Delete
Name: MEEKS, DANIEL
Address: 7628 N 56TH ST #6
City-St-Zip: TAMPA, FL 33617

Title: VD ( ) Delete
Name: LAGOMBE, ED
Address: 1532 US 41 BYPASS S STE 300
City-St-Zip: VENICE, FL 34293

Title: 3VD ( ) Delete
Name: FISHER, LARRY
Address: P.O. BOX 268494
City-St-Zip: FORT LAUDERDALE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DANIEL MEEKS ED 04/27/2004

Electronic Signature of Signing Officer or Director Date