## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27099

FILED Feb 27, 2008 Secretary of State

Entity Name: PRIVATE INVESTIGATOR'S ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 12483 349 GRANADA ROAD

TALLAHASSEE, FL 32317 WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

PO BOX 12483 PO BOX 6544

TALLAHASSEE, FL 32317 WEST PALM BEACH, FL 33405

FEI Number: 59-3016012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONACUM, ANTHONY PRUITT, ALISON 4935 SOUTHWIND DR 349 GRANADA ROAD

MULBERRY, FL 33860 US WEST PALM BEACH, FL 33401 US

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: ALISON PRUITT 02/27/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: CHURCH, JAMES D Name: MURNAN, MARK J

Address: PO BOX 3033 Address: 600 SAND TREE DRIVE, SUITE 210A City-St-Zip: PLANT CITY, FL 33656 City-St-Zip: PALM BEACH GARDENS, FL 33404

Title: T ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 OTTO, GARY
 Name:
 ZURENDA, JOHN

 Address:
 12162 SW 51ST PLACE
 Address:
 8091 52ND WAY NORTH

 City-St-Zip:
 COOPER CITY, FL 33330
 City-St-Zip:
 PINELLAS PARK, FL 33781

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BONACUM, ANTHONY
 Name:

 Address:
 4935 SOUTHWIND DR
 Address:

 City-St-Zip:
 MULBERRY, FL 33860
 City-St-Zip:

Title: VPD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MURNAN, MARK J
 Name:

 Address:
 600 SANDTREE DR, STE 210 A
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33403
 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: MARK J. MURNAN P 02/27/2008