## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28717

Address:

City-St-Zip:

PO BOX 23817

GAINESVILLE, FL 32602 US

FILED Jan 15, 2008 Secretary of State

Entity Name: FLORIDA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 201 HOWELL AVENUE SUITE 300 BROOKSVILLE, FL 346012041 US **New Mailing Address: Current Mailing Address:** 201 HOWELL AVENUE SUITE 300 BROOKSVILLE, FL 346012041 US FEI Number: 59-3454521 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: NIKKINEN, NEIL F 201 HOWELL AVENUE SUITE 300 BROOKSVILLE, FL 346012041 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SILVERSTEIN, DARLENE JACKS, DOROTHY Name: Name: 1840 25TH STREET, STE. 169 Address: 301 N. OLIVE AVENUE, 5TH FLOOR Address: City-St-Zip: VERO BEACH, FL 32960 US City-St-Zip: PALM BEACH, FL 33401 US VP/D Title: VP/D () Delete Title: (X) Change ( ) Addition JACKS, DOROTHY Name: WEOTT, SUE Name: Address: 301 N. OLIVE AVENUE, 5TH FLOOR Address: 213 WEST GARDEN ST City-St-Zip: PALM BEACH, FL 33401 US City-St-Zip: PENSACOLA, FL 32501 US Title: VP/D () Delete Title: VP/D (X) Change ( ) Addition WEOTT, SUE COUNTS, RUSSELL Name: Name: 2300 VIRGINIA AVENUE, ROOM 107 Address: 213 W. GARDEN ST. Address: City-St-Zip: PENSACOLA, FL 32501 US City-St-Zip: FT. PIERCE, FL 34982 US Title: T/D () Delete Title: () Change () Addition Name: NIKKINEN, NEIL F Name: 201 HOWELL AVENUE, SUITE 300 Address: Address: City-St-Zip: BROOKSVILLE, FL 346012041 US City-St-Zip: Title: () Delete Title: () Change () Addition WETHERINGTON, ANN Name: Name: 200 S. ORANGE AVENUE #1700 Address: Address: City-St-Zip: ORLANDO, FL 32801 US City-St-Zip: Title: () Delete Title: () Change () Addition CRAPO, SHEILA L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: NEIL F. NIKKINEN T/D 01/15/2008