

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32610

FILED
Feb 13, 2008
Secretary of State

Entity Name: ASSOCIATION OF WORKERS' COMPENSATION CLAIMS PROFESSIONALS, INC.

Current Principal Place of Business:

16011 N. NEBRASKA AVE.
STE 105
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 46879
TAMPA, FL 33647 US

New Mailing Address:

16011 N. NEBRASKA AVE.
STE 105
LUTZ, FL 33549 US

FEI Number: 65-0156279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREER, JAMES W
16011 N. NEBRASKA AVE.
STE 105
LUTZ, FL 33549 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:

Title: PRES () Delete
Name: O'HALLORAN, BOB
Address: PO BOX 3623
City-St-Zip: LAKELAND, FL 33802

Title: DVP () Delete
Name: HILSTON, JACKIE
Address: 1390 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: DVC () Delete
Name: FORD, FRANCES
Address: 9501 PRINCESS PALM
City-St-Zip: TAMPA, FL 33619

Title: DC () Delete
Name: ALLEN, MARIA
Address: 438 MOHAVE TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: DT () Delete
Name: STANISIC, MELANIE
Address: 301 E. PINE STREET, SUITE 350
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

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: DT (X) Change () Addition
Name: MARY, PEARMAN-MURPHY
Address: 3407 69 CT E
City-St-Zip: PALMETTO, FL 34221

Title: DS () Change (X) Addition
Name: JOHN, MIANO
Address: 492 DAVENTRY SQ
City-St-Zip: PALM HARBOR, FL 34683

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: JAMES W GREER

RA

02/13/2008

Electronic Signature of Signing Officer or Director

Date