

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32610

FILED
Jan 28, 2009
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:

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

New Mailing Address:

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: LAKE LAND, 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: MARY, PEARMAN-MURPHY
Address: 3407 69 CT E
City-St-Zip: PALMETTO, FL 34221

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HILSTON, JACKIE
Address: 1390 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: DVP (X) Change () Addition
Name: HOSMAN, STACY
Address: 16011 N. NEBRASKA AVE.
City-St-Zip: LUTZ, FL 33549

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

Title: DC (X) Change () Addition
Name: O'HALLORAN, BOB
Address: 2310 A Z PARK ROAD
City-St-Zip: LAKE LAND, FL 33801

Title: DT (X) Change () Addition
Name: STANISIC, MELANIE
Address: 501 W. CHURCH STREET
City-St-Zip: ORLANDO, FL 32805

Title: DS (X) Change () Addition
Name: MIANO, JOHN
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: STACY HOSMAN

DVP

01/28/2009

Electronic Signature of Signing Officer or Director

Date