

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32610

FILED
Jan 11, 2011
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
Name: STANISIC, MELANIE
Address: 240 EAST CENTRAL PARKWAY, STE 4010
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DVP
Name: ADAMS, MICHELE
Address: 16011 N. NEBRASKA AVE, STE 105
City-St-Zip: LUTZ, FL 33549

Title: DVC
Name: HILSTON, JACKIE
Address: 1390 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: DC
Name: HOSMAN, STACY
Address: 16011 N. NEBRASKA AVE, STE 105
City-St-Zip: LUTZ, FL 33549

Title: DT
Name: EDWARDS, ANTHONY
Address: 610 CRESCENT EXECUTIVE COURT, STE 200
City-St-Zip: LAKE MARY, FL 32746

Title: DS
Name: BECKER, BRIGITTE
Address: 100 SOUTH MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: MELANIE STANISIC

PRES

01/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date