


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N32910 1. Entity Name FLORIDA ASSOCIATION OF SERVICE PROVIDERS, INC.	
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Principal Place of Business 1018 THOMASVILLE RD STE 110 TALLAHASSEE, FL 32303 US	Mailing Address 1018 THOMASVILLE RD STE 110 TALLAHASSEE, FL 32303 US
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04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2632012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARGARET LYNN DUGGAR & ASSOCIATES, INC.
1018 THOMASVILLE RD STE 110
TALLAHASSEE, FL 32303

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSS, GAIL 1101 SW 20TH CT OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LUGO, ELIZABETH 1515 PALMETTO PARK ROAD BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP COULLIETTE, BETH 1116 FRANKFORD AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, JOHN PO BOX 17066 PENSACOLA, FL 32522
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, YOLANDA 6009 NW 10TH ST MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Margaret Lynn Duggar</i> Margaret Lynn Duggar	4/29/08 Date	850-222-3524 Daytime Phone #
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