## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32910

FILED Apr 08, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SERVICE PROVIDERS, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	MASVILLE RD					
STE 110 FALLAHAS	SSEE, FL 32303	3 US				
Current Mailing Address:			New Maili	New Mailing Address:		
	MASVILLE RD			_		
STE 110	SSEE, FL 32303	3 US				
	: 59-2632012	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:			of New Registered Agent:	
1018 THOI	ET LYNN DUGG MASVILLE RD \$ SSEE, FL 32303					
	named entity su e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUF	RE:					
	Electronic	Signature of Registered Age	ent		Date	
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	T () [ CROSS, GAIL 1101 SW 20TH C OCALA, FL 3447		Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	DS () [ LUGO, ELIZABE <sup>*</sup> 1515 PALMETTO BOCA RATON, F	PARK ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle:	COULLIETTE, BE 1116 FRANKFOR PANAMA CITY, F	RD AVE	Title: Name: Address: City-St-Zip: Title:	PP RODRIGUE 6009 NW 10 MARGATE, 1VP		
Name: Nddress: City-St-Zip:	CLARK, JOHN PO BOX 17066 PENSACOLA, FL		Name: Address: City-St-Zip:	CLARK, JOH PO BOX 171 PENSACOL	HN 066	
Fitle: Name: Address: City-St-Zip:	P () [ RODRIGUEZ, YO 6009 NW 10TH S MARGATE, FL 3	ST	Title: Name: Address: City-St-Zip:		(X) Change () Addition ERESA SIDE DRIVE SUITE 116 ILLE, FL 32210 US	
Fitle: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:		() Change (X) Addition CATHY ARC KNIGHT COURT STE B129 FL 34461 US	

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: TERESA BARTON P 04/08/2009