2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32910

FILED Jan 18, 2010 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SERVICE PROVIDERS, INC.

Current Principal Place of Business: New Principal Place of Business:

1018 THOMASVILLE RD

STE 110

TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

1018 THOMASVILLE RD

STE 110

TALLAHASSEE, FL 32303 US

FEI Number: 59-2632012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Name: CLARK, JOHN Address: P.O. BOX 17066

City-St-Zip: PENSACOLA, FL 325227066 US

Title: DS

 Name:
 LUGO, ELIZABETH

 Address:
 1515 PALMETTO PARK ROAD

 City-St-Zip:
 BOCA RATON, FL 33486 US

Title: PF

Name: RODRIGUEZ, YOLANDA Address: 5790 MARGATE BLVD City-St-Zip: MARGATE, FL 33063 US

Title: 1VP

Name: DEIGL, KAREN Address: 964 14TH ST.

City-St-Zip: VERO BEACH, FL 32960 US

Title: F

Name: BARTON, TERESA

Address: 4250 LAKESIDE DRIVE SUITE 116 City-St-Zip: JACKSONVILLE, FL 32210 US

Title: 2VP

Name: NEIL, CAROL

Address: 1560 ROBERTS DRIVE

City-St-Zip: JACKSONVILLE, FL 322503222 US

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: MARGARET LYNN DUGGAR ED 01/18/2010

Electronic Signature of Signing Officer or Director

Date