

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90029 027 ****70.00

DOCUMENT # N33532

1. Entity Name

**THE NATIONAL INFORMATION OFFICERS'
ASSOCIATION, INCORPORATED**



Principal Place of Business

P.O. BOX 10125
KNOXVILLE TN 37939

Mailing Address

P.O. BOX 10125
KNOXVILLE TN 37939

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2973492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELOR, WAYNE
~~645 PIERCE STREET~~
Y
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
~~4140 OVERSEAS STREET~~
4041 DVERTURE CIRCLE
City
BRADENTON FL Zip Code
34209

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MCNEAL, LISA
STREET ADDRESS 428 CREEK VIEW LN.
CITY- ST- ZIP KNOXVILLE TN 37923

TITLE D ☒ Delete
NAME ~~BODEN, BOB~~
STREET ADDRESS ~~30 YAPHANK AVENUE~~
CITY- ST- ZIP ~~YAPHANK NY 11980~~

TITLE D ☒ Delete
NAME THURSTON, LOU
STREET ADDRESS 2600 WASHINGTON AVENUE
CITY- ST- ZIP NEWPORT NEWS VA 23607

TITLE D ☒ Delete
NAME AARON, DON
STREET ADDRESS 200 JAMES ROBERTSON PKWY
CITY- ST- ZIP NASHVILLE TN 37201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☒ Change ☐ Addition
NAME JUDY PAL
STREET ADDRESS 675 PONCE DE LEON
CITY- ST- ZIP ATLANTA, GA 30308

TITLE ☒ Change ☐ Addition
NAME MIKE TELLE
STREET ADDRESS 8351 W. CINNABAR AVE
CITY- ST- ZIP PEORIA, AZ 85345

TITLE ☒ Change ☐ Addition
NAME RICH PALMER
STREET ADDRESS 8320 MC EWEEN Rd.
CITY- ST- ZIP DAYTON, OH 45458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lisa McNeal* LISA MCNEAL 2-1-08 85-389-8736