

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33532

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** THE NATIONAL INFORMATION OFFICERS' ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 10125  
KNOXVILLE, TN 37939

**New Principal Place of Business:**

428 CREEKVIEW LANE  
KNOXVILLE, TN 37923

**Current Mailing Address:**

P.O. BOX 10125  
KNOXVILLE, TN 37939

**New Mailing Address:**

BOX 10125  
KNOXVILLE, TN 37939

**FEI Number:** 59-2973492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHELOR, WAYNE  
4041 OVERTURE CIR  
BRADENTON, FL 34209 US

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

SHELOR, WAYNE  
3903 52ND STREET WEST  
BRADENTON, FL 34209 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:

04/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCNEAL, LISA  
Address: 428 CREEK VIEW LN.  
City-St-Zip: KNOXVILLE, TN 37923

Title: D ( ) Delete  
Name: PAL, JUDY  
Address: 675 PONCE DE LEON  
City-St-Zip: ATLANTA, GA 30308

Title: D ( ) Delete  
Name: TELLER, MIKE  
Address: 8351 W CINNABAR AVE  
City-St-Zip: PEORIA, AZ 85345

Title: D ( ) Delete  
Name: PALMER, RICH  
Address: 8320 MCEWEN RD  
City-St-Zip: LUCERNE, CA 95458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PAL, JUDY  
Address: 201 HARBERSHAM STREET  
City-St-Zip: SAVANNAH, GA 31412

Title: D (X) Change ( ) Addition  
Name: TELLEF, MIKE  
Address: 8351 W CINNABAR AVE  
City-St-Zip: PEORIA, AZ 85345

Title: D (X) Change ( ) Addition  
Name: PALMER, RICH  
Address: 8320 MCEWEN RD  
City-St-Zip: DAYTON, OH 45458

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: LISA MCNEAL

ED

04/07/2009

Electronic Signature of Signing Officer or Director

Date