

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40961

FILED
Apr 13, 2005
Secretary of State

Entity Name: FLORIDA CHAPTER OF AMERICAN SOCIETY OF HOME INSPECTORS, INC.

Current Principal Place of Business:

12708 SAN JOSE BLVD., STE 2
JACKSONVILLE, FL 32223

New Principal Place of Business:

12708 SAN JOSE BLVD.,
STE 2
JACKSONVILLE, FL 32223

Current Mailing Address:

12708 SAN JOSE BLVD.
STE. 2
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 65-0231779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD
SUITE 504
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: D () Delete
Name: CLARK, GARY
Address: 150 WARREN CIRCLE, SUITE 5 B
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD () Delete
Name: WAGNER, ROBERT
Address: 12708-2 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: MULLIN, TOM
Address: 5 WATER OAK
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD () Delete
Name: GIFFORD, CHARLES
Address: 1639 EMERSON ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MULLEN, TOM
Address: 5 WATER OAK
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD () Delete
Name: HILL, TABOR
Address: 1120 PARK AVE.
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: HILL, TABOR K
Address: 1120 PARK AVE. #2
City-St-Zip: ORANGE PARK, FL 32073

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL ROWAN

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date