2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40961

FILED Apr 19, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 151 COLLEGE DRIVE SUITE 14 ORANGE PARK, FL 32065 **New Mailing Address: Current Mailing Address:** 151 COLLEGE DRIVE SUITE 14 ORANGE PARK, FL 32065 FEI Number: 65-0231779 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: GLAZIER & GLAZIER, P.A 8825 PERIMETER PARK BLVD SUITE 504 JACKSONVILLE, FL 32216 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CLARK, GARY HAYNES, RICHARD Name: Name: 2040 COUNTY ROAD 209B Address: 5223 REDSTONE DRIVE Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: JACKSONVILLE, FL 32210 Title: () Delete Title: (X) Change () Addition WAGNER, ROBERT Name: O'BRIEN, JIM Name: Address: 12708-2 SAN JOSE BLVD. Address: 10330 RIPPLE RUSH DRIVE W. City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: () Change () Addition HILL, TABOR K Name: Name: 151 COLLEGE DRIVE, SUITE 14 Address: Address: City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: () Delete (X) Change () Addition Title: D Title: Name: HYATT, DOUG Name: OSSMANN, MIKE P.O. BOX 600373 7722 OLD NURSERY ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32260 City-St-Zip: MACCLENNY, FL 32063 Title: () Delete Title: (X) Change () Addition ERICKSON, PAUL TAYLOR, STEVE Name: Name: 810 PARADISE LANE 437 CHARLES PINCKNEY STREET Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ATLANTIC BEACH, FL 32233 Title: () Delete Title: () Change (X) Addition CONWAY, WALLACE Name: Name: Address: Address: 2950 HALCYON LANE # 201 JACKSONVILLE, FL 32223 City-St-Zip: City-St-Zip:

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: RICHARD HAYNES T 04/19/2008