

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40961

FILED
May 04, 2009
Secretary of State

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

Current Principal Place of Business:

151 COLLEGE DRIVE
SUITE 14
ORANGE PARK, FL 32065

New Principal Place of Business:

2950 HALCYON LANE
201
JACKSONVILLE, FL 32223

Current Mailing Address:

151 COLLEGE DRIVE
SUITE 14
ORANGE PARK, FL 32065

New Mailing Address:

2950 HALCYON LANE
201
JACKSONVILLE, FL 32223

FEI Number: 65-0231779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: T () Delete
Name: HAYNES, RICHARD
Address: 5223 REDSTONE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: O'BRIEN, JIM
Address: 10330 RIPPLE RUSH DRIVE W.
City-St-Zip: JACKSONVILLE, FL 32257

Title: P () Delete
Name: HILL, TABOR K
Address: 151 COLLEGE DRIVE, SUITE 14
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: OSSMANN, MIKE
Address: 7722 OLD NURSERY ROAD
City-St-Zip: MACCLENNY, FL 32063

Title: VP () Delete
Name: TAYLOR, STEVE
Address: 810 PARADISE LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: CONWAY, WALLACE
Address: 2950 HALCYON LANE # 201
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: CONWAY, WALLACE
Address: 2950 HALCYON LANE #201
City-St-Zip: JACKSONVILLE, FL 32223

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

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

Title: D (X) Change () Addition
Name: SORGE, DAVE
Address: 881 FRUIT COVE RD
City-St-Zip: ST. JOHNS, FL 32259

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

05/04/2009

Electronic Signature of Signing Officer or Director

Date