

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44678

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** MEETING PROFESSIONALS INTERNATIONAL INCORPORATED

**Current Principal Place of Business:**

250 WILSHIRE BLVD.  
#179  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 WILSHIRE BLVD.  
# 179  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

250 WILSHIRE BLVD.  
#179  
CASSELBERRY, FL 32707 US

**FEI Number:** 31-1135141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRISON, TIM  
250 WILSHIRE BLVD.  
#179  
CASSELBERRY, FL 32707 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: PD ( ) Delete  
Name: LIASCHENKO, TARA  
Address: 9814 52ND AVE., N.  
City-St-Zip: ST PETERSBURG, FL 33708

Title: ED ( ) Delete  
Name: MORRISON, TIM  
Address: 250 WILSHIRE BLVD., # 179  
City-St-Zip: CASSELBERRY, FL 32707

Title: PE ( ) Delete  
Name: DENNIS, JULIE  
Address: 3400 GULF BLVD.  
City-St-Zip: ST. PETERSBURG, FL 33703

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

Title: PD (X) Change ( ) Addition  
Name: DENNIS, JULIE  
Address: 105 NORTH BAYSHORE DR  
City-St-Zip: SAFETY HARBOR, FL 34695

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

Title: PE (X) Change ( ) Addition  
Name: RIVERA, JOCIE  
Address: 223 SOUTH 12TH ST  
City-St-Zip: TAMPA, FL 33602

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: TIM MORRISON

ED

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date