

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000310

FILED
Apr 12, 2007
Secretary of State

Entity Name: ASSOCIATION OF EMINENT DOMAIN PROFESSIONALS, INC.

Current Principal Place of Business:

349 GRANADA RD
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6721
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 59-3152934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUITT, ALISON
349 GRANADA RD
WEST PALM BEACH, FL 33401 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: P (X) Delete
Name: MESIMER, REGINALD V
Address: 1530 9TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VP () Delete
Name: DEPEW, DAVID
Address: 2216 ALTAMONTE AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: PP () Delete
Name: WILSON, SHAWN H
Address: PO BOX 2363
City-St-Zip: LAKE LAND, FL 33806

Title: S () Delete
Name: HALL, JAMES R
Address: 500 DELANEY AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: BENNETT, NORMAN R
Address: 215 FIFTH STREET, # 200
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: DEPEW, DAVID
Address: 2216 ALTAMONTE AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: WILSON, SHAWN H
Address: PO BOX 2363
City-St-Zip: LAKE LAND, FL 33806

Title: VP (X) Change () Addition
Name: HALL, JAMES R
Address: 500 DELANEY AVENUE
City-St-Zip: ORLANDO, FL 32801

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 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: DAVID DEPEW

P

04/12/2007

Electronic Signature of Signing Officer or Director

Date