## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9200000310

500 DELANEY AVENUE

(X) Delete

WEST PALM BEACH, FL 33401

ORLANDO, FL 32801

BENNETT, NORMAN R

215 FIFTH STREET, # 200

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Feb 27, 2008 Secretary of State

Entity Name: ASSOCIATION OF EMINENT DOMAIN PROFESSIONALS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 349 GRANADA RD WEST PALM BEACH, FL 33401 LIS **Current Mailing Address: New Mailing Address:** PO BOX 6721 WEST PALM BEACH, FL 33405 FEI Number: 59-3152934 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: PRUITT, ALISON 349 GRÁNADA RD WEST PALM BEACH, FL 33401 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 DEPEW, DAVID DEPEW, DAVID Name: Name: 2216 ALTAMONTE AVENUE Address: 2216 ALTAMONTE AVENUE Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901 Title: Title: (X) Change ( ) Addition ( ) Delete Name: WILSON, SHAWN H Name: HALL, JAMES R Address: PO BOX 2363 Address: 500 DELANEY AVENUE City-St-Zip: LAKELAND, FL 33806 City-St-Zip: ORLANDO, FL 32801 Title: VΡ (X) Delete Title: () Change () Addition HALL, JAMES R Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JAMES R. HALL P 02/27/2008

() Change () Addition