

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004374

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS, INC.

Current Principal Place of Business:

2102 W. CLEVELAND STREET
TAMPA, FL 33606

New Principal Place of Business:

1660 N MAITLAND AVE
MAITLAND, FL 32751

Current Mailing Address:

823 CYPRESS VILLAGE BLVD
SUN CITY CENTER, FL 33573 US

New Mailing Address:

P.O. BOX 940666
MAITLAND, FL 32794 US

FEI Number: 59-3256640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSE, DOUGLAS L
2102 W. CLEVELAND STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

GROSE, DOUGLAS L
1660 N. MAITLAND AVE
MAITLAND, FL 32751 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: _____

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PE () Delete
Name: PAUL, RANDY
Address: 300 71ST ST, SUITE 530
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Delete
Name: BEASLEY, DAVID
Address: 1778 PARK AVE. N.
City-St-Zip: MAITLAND, FL 32751

Title: P () Delete
Name: BESSERMAN, ROBERT
Address: 21311 MILLBROOK CT.
City-St-Zip: BOCA RATON, FL 33498

Title: VP () Delete
Name: COFFMAN, WILLIAM
Address: 407 LINCOLN RD, SUITE 20
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: BAUMAN, LENNY
Address: P.O. BOX 8428
City-St-Zip: SEMINOLE, FL 33775

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: MARK D. BOARDMAN

ED

04/30/2007

Electronic Signature of Signing Officer or Director

Date