

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004374

FILED  
Jan 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1515 N ORLANDO AVE  
MAITLAND, FL 32751

**New Principal Place of Business:**

1515 N ORLANDO AVE  
A  
MAITLAND, FL 32751

**Current Mailing Address:**

P.O. BOX 940666  
MAITLAND, FL 32794 US

**New Mailing Address:**

**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  
1515 N ORLANDO AVE  
MAITLAND, FL 32751 US

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

BEASLEY, DAVID  
1515 N ORLANDO 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: DAVID BEASLEY

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: S ( ) Delete  
Name: CUCCARO, PAT  
Address: 6767 N WICKHAM RD, STE 400  
City-St-Zip: MELBOURNE, FL 32940

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

Title: VP ( ) Delete  
Name: BAUMAN, LENNY  
Address: 13520 BINGLEWOOD AVE  
City-St-Zip: SEMINOLE, FL 33776

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PP (X) Change ( ) Addition  
Name: PAUL, RANDY  
Address: 300 71ST ST, SUITE 530  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP (X) Change ( ) Addition  
Name: BEASLEY, DAVID  
Address: 855 E SR 434, STE 2209  
City-St-Zip: WINTER SPRING, FL 32708

Title: T (X) Change ( ) Addition  
Name: CUCCARO, PAT  
Address: 6767 N WICKHAM RD, STE 400  
City-St-Zip: MELBOURNE, FL 32940

Title: P (X) Change ( ) Addition  
Name: COFFMAN, WILLIAM  
Address: 407 LINCOLN RD, SUITE 20  
City-St-Zip: MIAMI BEACH, FL 33139

Title: PE (X) Change ( ) Addition  
Name: BAUMAN, LENNY  
Address: 13520 BINGLEWOOD AVE  
City-St-Zip: SEMINOLE, FL 33776

Title: S ( ) Change (X) Addition  
Name: DOMINGUEZ, NANCY  
Address: 6804 SW 114 PL, STE A  
City-St-Zip: MIAMI, FL 33173

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: DAVID BEASLEY

VP

01/06/2009

Electronic Signature of Signing Officer or Director

Date