

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004374

FILED  
Jan 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1515 N ORLANDO AVE  
A  
MAITLAND, FL 32751

**New Principal Place of Business:**

**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:**

BEASLEY, DAVID  
1515 N ORLANDO AVE  
MAITLAND, FL 32751 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: PRES  
Name: BAUMAN, LENNY  
Address: 13520 BINGLEWOOD AVE.  
City-St-Zip: SEMINOLE, FL 33776

Title: PE  
Name: BEASLEY, DAVID  
Address: 855 E SR 434, STE 2209  
City-St-Zip: WINTER SPRING, FL 32708

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

Title: TREA  
Name: DOMINGUEZ, NANCY  
Address: 9745 SUNSET DR., STE 110  
City-St-Zip: MIAMI, FL 33173

Title: SEC  
Name: WOLFFMAN, HARVEY  
Address: 10250 NW 46TH ST  
City-St-Zip: SUNRISE, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: DAVID BEASLEY

PE

01/06/2010

Electronic Signature of Signing Officer or Director

Date