

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004707

FILED  
Feb 26, 2007  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF WEDDING PROFESSIONALS, INC.

**Current Principal Place of Business:**

2150 SEBASTIAN CT  
ALVA, FL 33920 US

**New Principal Place of Business:**

**Current Mailing Address:**

2150 SEBASTIAN CT  
ALVA, FL 33920 US

**New Mailing Address:**

**FEI Number:** 65-0446793      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TOTTERDALE, SUZANNE  
2150 SEBASTIAN CT  
ALVA, FL 33920 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: NPD ( ) Delete  
Name: BENFORADO, LORI NPD  
Address: 5560 BURNHAM COURT  
City-St-Zip: NORTH FT MYERS, FL 33903 US

Title: PD ( ) Delete  
Name: MANSIKA, JOHN  
Address: 3093 52ND STREET S W  
City-St-Zip: NAPLES, FL 34116 US

Title: 1VPD ( ) Delete  
Name: ETAYO, MAYRA 1VPD  
Address: PO BOX 277951  
City-St-Zip: MIRAMAR, FL 33027 US

Title: TD ( ) Delete  
Name: MARRON, BRENDA TD  
Address: 5560 BURNHAM COURT  
City-St-Zip: NORTH FT MYERS, FL 33903 US

Title: CD ( ) Delete  
Name: MANSIKA, JOHN  
Address: 2721 BRANCH LANE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: TOTTERDALE, SUZANNE  
Address: 2150 SEBASTIAN CT  
City-St-Zip: ALVA, FL 33920

**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:

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: SUZANNE TOTTERDALE

D

02/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date