

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004707

FILED
Mar 11, 2008
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:

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City-St-Zip:

Title: () Change () Addition
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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: SUZANNE TOTTERDALE

D

03/11/2008

Electronic Signature of Signing Officer or Director

Date