

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002006

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF TEMPORARY SERVICES ORGANIZATIONS, INC.

**Current Principal Place of Business:**

3040 GULF TO BAY BLVD.  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

3040 GULF TO BAY BLVD.  
CLEARWATER, FL 33759

**New Mailing Address:**

**FEI Number:** 59-3590168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMONT, DAVID A  
3040 GULF TO BAY BLVD.  
CLEARWATER, FL 33759 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: D ( ) Delete  
Name: MONGELLUZZI, FRANK M  
Address: 30750 US 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: MONGELLUZZI, CHRISTOPHER F  
Address: 30750 US 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: MONGELLUZZI, ANNE  
Address: 30750 US 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34684

**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:

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: FRANK MONGELLUZZI

D

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date