

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002146

FILED
May 11, 2009
Secretary of State

Entity Name: NORTH FLORIDA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF SPECIAL INVESTIGATION
UNITS, INC.

Current Principal Place of Business:

12854 KENAN DR.
SIU, STE 120
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

PO BOX 17800
SIU
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-3453645 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUMPHRIES, JEFFREY J ESQ.
4811 BEACH BLVD.
SUITE 303
JACKSONVILLE, FL 32207 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: FERRIN, DANA
Address: 8001 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: O'BRIEN, MARILYN
Address: 12854 KENAN DR. #120
City-St-Zip: JACKSONVILLE, FL 32258

Title: P () Delete
Name: DEAN, ALAN K
Address: 8001 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: SAKRAIDA, CRAIG
Address: 8301 CYPRESS PLAZA DRIVE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32256

Title: S/T () Delete
Name: POLLACI, WAYNE
Address: 8875 HIDDEN RIVER PARKWAY, SUITE 300
City-St-Zip: TAMPA, FL 33637

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:

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: JEFFREY J. HUMPHRIES

GC

05/11/2009

Electronic Signature of Signing Officer or Director

Date