


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90057 022 ****61.25

DOCUMENT # N97000006946					
1. Entity Name HOME INSPECTORS ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 4722 NW BOCA RATON BLVD. #C-106 BOCA RATON, FL 33431			Mailing Address 4722 NW BOCA RATON BLVD. #C-106 BOCA RATON, FL 33431		
2. Principal Place of Business 6120 OAK PARK ROAD		3. Mailing Address 6120 OAK PARK RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 65-0813375	
Zip 32819		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FOX, LEO A 133 BOCA RATON ROAD BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MCGAVIC, CLAUDE STREET ADDRESS 3811- 23 AVENUE W CITY-ST-ZIP BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete		TITLE PRES. NAME JAMES F. NOLAN STREET ADDRESS 6120 OAK PARK ROAD CITY-ST-ZIP ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME RESCH, RONALD STREET ADDRESS 30533 TURNBERRY AVENUE CITY-ST-ZIP SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete		TITLE V.P. NAME TOWNSEND, A.W. STREET ADDRESS POB 182197 CITY-ST-ZIP CASSEL BEARY, FL 32718-2197	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME NOLAN, F. JAMES STREET ADDRESS 8120 OAK PARK ROAD CITY-ST-ZIP ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME RAWLINGS, EVERETT H STREET ADDRESS 4722 NW BOCA RATON BLVD C-106 CITY-ST-ZIP BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MCGAVIC, CLAUDE STREET ADDRESS 3811 23RD AVENUE CITY-ST-ZIP BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete		TITLE SECT. / TREASURER NAME CROWIN, LEO J. STREET ADDRESS 3945 ACACIA ST. CITY-ST-ZIP CLEARWATER BEACH, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME RAWLINGS EVERETT H. STREET ADDRESS 2131 QUEEN PALM RD. CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Everett H. Rawlings</u> <u>EVERETT H. RAWLINGS</u> <u>03/05/04</u> <u>561362-8629</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



Attachment
24021279

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 17, 2004

HOME INSPECTORS ASSOCIATION OF FLORIDA, INC.
4722 NW BOCA RATON BLVD.
#C-106
BOCA RATON, FL 33431

SUBJECT: HOME INSPECTORS ASSOCIATION OF FLORIDA, INC.
Ref. Number: N97000006946

We have received your document for HOME INSPECTORS ASSOCIATION OF FLORIDA, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 604A00010667