

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000376

FILED
Mar 08, 2005
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF PROPERTY RECOVERY INVESTIGATORS, INC.

Current Principal Place of Business:

625 SULLIVAN STREET
DELTONA, FL 32725 US

New Principal Place of Business:

P O BOX 6541
PORTSMOUTH, VA 23703 US

Current Mailing Address:

P O BOX 741283
ORANGE CITY, FL 32774 US

New Mailing Address:

FEI Number: 59-3550395 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FYFE, SCOTT G
625 SULLIVAN STREET
DELTONA, FL 32725 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: P () Delete
Name: FYFE, SCOTT
Address: 625 SULLIVAN STREET
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: THORSON, STORMY
Address: 4937 BRIARWOOD LANE
City-St-Zip: PORTSMOUTH, VA 23703

Title: S () Delete
Name: WALTER, MAUREEN
Address: 2350 RESEARCH BOULEVARD
City-St-Zip: ROCKVILLE, MD 20850

Title: D () Delete
Name: NEWCOMER, KEVIN
Address: 2621 WEST SCHAUMBURG
City-St-Zip: SCHAUMBURG, IL 60194

Title: V () Delete
Name: BROBERG, MIKE
Address: 120 MARCONI BLVD
City-St-Zip: COLUMBUS, OH 43215

Title: D () Delete
Name: HAYES, BEN
Address: 244 NEEDY ROAD
City-St-Zip: MARTINSBURG, WV 25401

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: D (X) Change () Addition
Name: CHANCE, ALAN
Address: 3300 AMNICOLA HIGHWAY
City-St-Zip: CHATTANOOGA, TN 37406

Title: V (X) Change () Addition
Name: LOGAN, PAUL
Address: 2200 8TH AVENUE NORTH
City-St-Zip: BIRMINGHAM, AL 35203

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 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 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: FYFE SCOTT

P

03/08/2005

Electronic Signature of Signing Officer or Director

Date