

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001021

FILED
Apr 28, 2009
Secretary of State

Entity Name: SOUTH FLORIDA BACKGROUND INVESTIGATORS ASSOCIATION, INC.

Current Principal Place of Business:

4747 HOLLYWOOD BLVD.
SUITE 192
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4747 HOLLYWOOD BLVD.
SUITE 192
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0895420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEATH, EVELYN T
4747 HOLLYWOOD BLVD.
SUITE 192
HOLLYWOOD, FL 33021 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: PD () Delete
Name: HEATH, EVELYN T
Address: 3250 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: SD () Delete
Name: MENNELL, NICHOLA W
Address: 16901 NE 19 AVE.
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: VPD () Delete
Name: ROSEN, ELLIOTT K
Address: 14190 SR 84
City-St-Zip: DAVIE, FL 33335 US

Title: TD () Delete
Name: WEAVER, JANIE M
Address: 9105 NW 25 STREET
City-St-Zip: MIAMI, FL 33177 US

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:

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: JANIE M. WEAVER

TD

04/28/2009

Electronic Signature of Signing Officer or Director

Date