

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000068984

Entity Name: FLORIDA NONLAWYERS, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

790 FIRST STREET  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

927 EAST NEW HAVEN AVENUE  
SUITE 307  
MELBOURNE, FL 32901

**Current Mailing Address:**

790 FIRST STREET  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

927 EAST NEW HAVEN AVENUE  
SUITE 307  
MERRITT ISLAND, FL 32953

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAPPLER, MICHAEL J  
790 FIRST STREET  
MERRITT ISLAND, FL 32953 US

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

WAPPLER, MICHAEL J  
927 EAST NEW HAVEN AVENUE  
SUITE 307  
MELBOURNE, FL 32901 US

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: MICHAEL J. WAPPLER

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WAPPLER, MICHAEL J  
Address: 927 EAST NEW HAVEN AVENUE  
City-St-Zip: MELBOURNE, FL 32901

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. WAPPLER

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date