

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000091946

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF SEXUAL ABUSE PROFESSIONALS, INC.

Current Principal Place of Business:

3389 W VINE STREET
STE 304
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

PO BOX 420248
KISSIMMEE, FL 34742

New Mailing Address:

PO BOX 420248
KISSIMMEE, FL 347420248

FEI Number: 59-3540649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGERT, DAVID E
3389 W VINE STREET
STE 304
KISSIMMEE, FL 34741

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELLS, JOYCE A
Address: 3389 W VINE ST., STE 304
City-St-Zip: KISSIMMEE, FL 34741

Title: C () Delete
Name: LEEANN, IRVING
Address: 3389 W VINE ST., STE 304
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/S (X) Change () Addition
Name: WELLS, JOYCE A
Address: 3389 W VINE ST., STE 304
City-St-Zip: KISSIMMEE, FL 34741

Title: P/T (X) Change () Addition
Name: BOGERT, DAVID E
Address: 3389 W VINE ST., STE 304
City-St-Zip: KISSIMMEE, FL 34741

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

SIGNATURE: DAVID E. BOGERT

P

05/01/2002

Electronic Signature of Signing Officer or Director

Date