

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720906 (7)

1. Corporation Name

THE FINANCIAL ANALYSTS SOCIETY OF CENTRAL FLORIDA, INC.



Principal Place of Business

P O BOX 4097  
SARASOTA FL 34230-097  
US

Mailing Address

P O BOX 4097  
SARASOTA FL 34230-097  
US

3. Date Incorporated or Qualified  
05/10/1971

3a. Date of Last Report  
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6592262

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERRITY, RICHARD J.  
1515 RINGLING BLVD  
SARASOTA FL 34230

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GERRITY, RICHARD J.  
STREET ADDRESS 1515 RINGLING BLVD  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MORRISON, G. LOWE  
STREET ADDRESS 1515 RINGLING BLVD  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HOLLIDAY, JEANNIE L.  
STREET ADDRESS 5404 CYPRESS CENTER DR #300  
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 2701 N. Rocky Point Dr, 7th Floor  
3.4 CITY-ST-ZIP Tampa, FL 33607

TITLE D ☐ DELETE  
NAME ANDERSON, PAUL M  
STREET ADDRESS 101 E. KENNEDY  
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JOHANNSSEN, PAULA S  
STREET ADDRESS 801 BAYSHORE BLVD STE 820  
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 1000 N. Ashley Dr., Suite 517  
5.4 CITY-ST-ZIP Tampa, FL 33602

TITLE D ☐ DELETE  
NAME LANE, BARBARA I  
STREET ADDRESS 240 S PINEAPPLE  
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 100 2nd Avenue S.  
6.4 CITY-ST-ZIP St. Petersburg, FL 33701

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

813/839-3731

CR2E037 (12/95)