

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720906** (7)

1. Corporation Name

THE FINANCIAL ANALYSTS SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

P O BOX 4097
SARASOTA FL 34230-097
US

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SARASOTA FL 34230-097
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/10/1971** 3a. Date of Last Report **02/19/1996**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **TAMPA, FL**

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 **FINANCIAL ANALYSTS SOCIETY OF CENTRAL FLA.**

Suite, Apt. #, etc.

27 **P.O. Box 1136**

City & State

28 **TAMPA, FL**

Zip

29 **33601**

Country

30 **HILLSBOROUGH**

9. Name and Address of Current Registered Agent

GERRITY, RICHARD J.
1515 RINGLING BLVD
SARASOTA FL 34230

10. Name and Address of New Registered Agent

81 Name **JEANNIE HOLLIDAY**
82 Street Address (P.O. Box Number is Not Acceptable) **C/O INVEST FINANCIAL CORP.**
83 **2701 N. ROCKY POINT DR. 7TH FLOOR**
84 City **TAMPA, FL** 85 Zip Code **33607**

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 **JEANNIE HOLLIDAY**

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

(NOTE: Registered Agent signature required when reinstating)

7/23/97

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ DELETE
NAME **HOLLIDAY, JEANNIE L.**
STREET ADDRESS **2701 NORTH ROCKY POINT DRIVE 7TH FLOOR**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **D** ☐ DELETE
NAME **JOHANNSSEN, PAULA S**
STREET ADDRESS **1000 NORTH ASHLEY DRIVE STE. 517**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **LANE, BARBARA I**
STREET ADDRESS **100 2ND AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **JACK S. RADAR**
1.3 STREET ADDRESS **4202 FOWLER AVE. USF COBA**
1.4 CITY-ST-ZIP **TAMPA, FL 33620**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **ALICIA L. BRYAN**
2.3 STREET ADDRESS **2451 N. McMULLEN BOOTH RD.**
2.4 CITY-ST-ZIP **CLEARWATER, FL 34619-1356**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **JAMES M. YOUNG**
3.3 STREET ADDRESS **101 THIRD AVE W.**
3.4 CITY-ST-ZIP **BRADENTON, FL 34206-3930**

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **JEANNIE HOLLIDAY** SIGNATURE REQUIRED **7/23/97**

CR2E037 (4/97)