2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# 740804

Entity Name: THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC., BROWARD CHAPTER

Current Principal Place of Business:

8930 SR 84 #316
DAVIE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

8930 SR 84 #316
DAVIE, FL 33324 US

New Mailing Address:

FEI Number: 59-1781622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLONICK, LINDA M
8930 SR 84 #316
DAVIE, FL 33324 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:	P	( ) Delete
Name:	VINCENT, LUONGO	
Address:	2131 HOLLYWOOD BLVD., STE. 207	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	M	( ) Delete
Name:	BLAKEMORE, EDWIN	
Address:	18603 SOUTH DIXIE HIGHWAY, STE 201	
City-St-Zip:	MIAMI, FL 33143	
Title:	ED	( ) Delete
Name:	WOLONICK, LINDA	
Address:	8930 STATE ROAD 84, NO. 316	
City-St-Zip:	DAVIE, FL 33324	
Title:	T	( ) Delete
Name:	SCHWEIGER, C. GREGORY	
Address:	2101 WEST COMMERICAL BLVD., STE. 5100	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	PD	(X) Delete
Name:	FUERST, DAVID	
Address:	5900 NORTH ANDREWS AVE., STE. 908	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	PE	(X) Delete
Name:	CAREW, JULIANA	
Address:	800 FAIRWAY DRIVE, STE. 370	
City-St-Zip:	DEERFIELD BEACH, FL 33441	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	IPP	(X) Change ( ) Addition
Name:	VINCENT, LUONGO	
Address:	2131 HOLLYWOOD BLVD., STE. 207	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	P	(X) Change ( ) Addition
Name:	CAREW, JULIANA	
Address:	800 FAIRWAY DRIVE, STE. 370	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
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: LINDA M. WOLONICK ED 04/09/2008

Electronic Signature of Signing Officer or Director — Date