


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91012 045 ****61.25

DOCUMENT # 744469					
1. Entity Name FLORIDA SOCIETY OF ENROLLED AGENTS, INC.					
Principal Place of Business 280 FT. HARRISON 820 CLEARWATER BEACH, FL 33767 US			Mailing Address PO BOX 3877 CLEARWATER BEACH, FL 33767 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 820 S. FT. HARRISON		Suite, Apt. #, etc.			
City & State CLEARWATER		City & State		4. FEI Number 59-1853783	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GATES, JEAN 280 FT. HARRISON CLEARWATER BEACH, FL 33767			Name		
			Street Address (P.O. Box Number is Not Acceptable) 820 S. FT. HARRISON		
			City		Zip Code FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Jean H Gates</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/23/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMIDT, LYNN A	NAME			
STREET ADDRESS	110B WEST POLK ST	STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE, FL 33823	CITY-ST-ZIP			
TITLE	PDE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEISECA, EDUARDO	NAME			
STREET ADDRESS	9655 S. DIXIE HWY SIOTE 113	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROUSE, RICHARD	NAME			
STREET ADDRESS	978 DOUGLAS AVE #102	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STONE, DALE	NAME	JEAN GATES		
STREET ADDRESS	13048 - 41 LANE NORTH	STREET ADDRESS	270 SKIFF PT B-1		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 334118402	CITY-ST-ZIP	CLEARWATER FL 33767		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HODGES, GEORGE	NAME			
STREET ADDRESS	585 SOUTH CTY RD 427 #121	STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL 327505462	CITY-ST-ZIP			
TITLE	NANCY DAVIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jean H Gates - EXECUTIVE DIR</i></u>			DATE: <u>4/23/04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		