

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90005 035 ****61.25

DOCUMENT # 764714

1. Corporation Name

SMPS FLORIDA CHAPTER, INC.

Principal Place of Business

2907 BAY TO BAY BLVD., STE 214
TAMPA FL 33629
US

Mailing Address

2907 BAY TO BAY BLVD., STE 214
TAMPA FL 33629
US

2. Principal Place of Business

21 250 N. Orange Avenue
Suite, Apt. #, etc.22 Suite 500
City & State23 Orlando, Florida
Zip Country

24 32801 25 USA

2a. Mailing Address

26 250 N. Orange Avenue
Suite, Apt. #, etc.27 Suite 500
City & State28 Orlando, Florida
Zip Country

29 32801 30 USA

3. Date Incorporated or Qualified

08/26/1982

4. FEI Number

59-2648921

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CARMAN, PAM
2907 BAY TO BAY BLVD., STE 214
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

James, Paul E.

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

250 N. Orange Avenue

83

Suite 500

84 City

Orlando

FL

85 Zip Code
32801

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

Paul E. James, President

3/15/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME CARMAN, PAM
STREET ADDRESS P.O. BOX 471028 (N/A)
CITY-ST-ZIP LAKE MONROE FL 32747TITLE VP ☐ DELETE
NAME JAMES, PAUL E
STREET ADDRESS 250 N. ORANGE STREET #500
CITY-ST-ZIP ORLANDO FL 32801TITLE T ☐ DELETE
NAME GAINES, DOUG
STREET ADDRESS 2500 MAITLAND CENTER PKWY, STE 311
CITY-ST-ZIP MAITLAND FL 32751TITLE S ☐ DELETE
NAME STOKES, SANDRA
STREET ADDRESS 320 E. SOUTH STREET
CITY-ST-ZIP ORLANDO FL 32801TITLE D ☐ DELETE
NAME ASHLOCK, JOY
STREET ADDRESS 1055 MAITLAND CENTER COMMONS BLVD
CITY-ST-ZIP MAITLAND FL 32751TITLE D ☐ DELETE
NAME DRIGGERS, LAURIE
STREET ADDRESS 12220 - 49TH STREET, NORTH
CITY-ST-ZIP CLEARWATER FL 34622

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P/D/C
1.3 STREET ADDRESS James, Paul E.
1.4 CITY-ST-ZIP 250 N. Orange Avenue, Ste 500
Orlando, FL 328012.1 TITLE ☐ Change ☒ Addition
2.2 NAME VP/D
2.3 STREET ADDRESS Ashlock, Joy
2.4 CITY-ST-ZIP 1055 Maitland Center Commons Blvd
Maitland, FL 327513.1 TITLE ☐ Change ☒ Addition
3.2 NAME T/D
3.3 STREET ADDRESS Renner, Tracey
3.4 CITY-ST-ZIP 460 E. Altamonte Drive, Ste 3000
Altamonte Springs, FL 327014.1 TITLE ☐ Change ☒ Addition
4.2 NAME S/D
4.3 STREET ADDRESS Gaines, Doug
4.4 CITY-ST-ZIP 2500 Maitland Center Pkwy, Ste 311
Maitland, FL 327515.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS Ford, Sheri
5.4 CITY-ST-ZIP 3013 Walnut Street
Orlando, FL 328066.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS Legge, Jennifer
6.4 CITY-ST-ZIP P.O. Box 471028
Lake Monroe, FL 32747

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Paul E. James, President

3/15/99 (407)

Date

Daytime Phone #

245-7080

CR2E037 (11/98)

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