

**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 # **N10556** (1)

1. Corporation Name

**THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS, INC.**



Principal Place of Business

Mailing Address

151 SE OSCEOLA AVE  
OCALA FL 34470  
US

P O BOX 1270  
OCALA FL 34479  
US

3. Date Incorporated or Qualified  
**08/05/1985**

3a. Date of Last Report  
**08/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4558 NW 51 CT.**

26 **4558 NW 51 CT**

4. FEI Number

**59-2848158**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State

**COCONUT CREEK, FL.**

28 City & State

**COCONUT CREEK, FL.**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip

Country

**33073**

**USA**

29 Zip

Country

**33073**

**USA**

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

9. Name and Address of Current Registered Agent

**MORRIS, SUSAN M  
2135 NE 45TH ST  
OCALA FL 34479**

10. Name and Address of New Registered Agent

81 Name **RAYMOND J. PIPPITT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **4558 N.W. 51 COURT**  
84 City **COCONUT CREEK** FL 85 Zip Code **33073**

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

**RAYMOND J. PIPPITT, TREASURER** 5/1/96

(NOTE: Registered Agent signature required w/ or reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAGEE, DENNIS</b>	
STREET ADDRESS	<b>119 CRESTWOOD CT</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GAUGH, DOTTIE</b>	
STREET ADDRESS	<b>2737 CENTERVIEW DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROCKY, DEPRINO</b>	
STREET ADDRESS	<b>3400 W COMMERCIAL BLVD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORRIS, SUSAN</b>	
STREET ADDRESS	<b>2135 NE 45TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR, TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>RAYMOND J PIPPITT</b>	
1.3 STREET ADDRESS	<b>4558 NW 51 COURT</b>	
1.4 CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

(954) 777-4461

Daytime Phone #

CR2E037 (12/95)