

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 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 # N10556 (1)
1. Corporation Name
THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS, INC.

Principal Place of Business 4558 NW 51 CT COCONUT CREEK FL 33073 US	Mailing Address 4558 NW 51 CT COCONUT CREEK FL 33073-2908 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1985		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2848158		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PIPPITT, RAYMOND J 4558 NW 51 COURT COCONUT CREEK FL 33073				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAGEE, DENNIS			1.2 NAME	EDWARD PRABIER		
STREET ADDRESS	119 CRESTWOOD CT			1.3 STREET ADDRESS	3250 IRENE STREET		
CITY - ST - ZIP	SAFETY HARBOR FL			1.4 CITY - ST - ZIP	Jacksonville, FL 32236		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUGH, DOTTIE			2.2 NAME			
STREET ADDRESS	2737 CENTERVIEW DR			2.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCKY, DEPRINO			3.2 NAME			
STREET ADDRESS	3400 W COMMERCIAL BLVD			3.3 STREET ADDRESS			
CITY - ST - ZIP	FT LAUDERDALE FL			3.4 CITY - ST - ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIPPITT, RAYMOND J			4.2 NAME			
STREET ADDRESS	4558 NW 51 COURT			4.3 STREET ADDRESS			
CITY - ST - ZIP	COCONUT CREEK FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: _____ **REQUIRED**

4/27/97

Date Daytime Phone # 0026171

CR2E037 (9/96)