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**Apr 23, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N10556**

1. Corporation Name

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

Principal Place of Business  
**3400 W COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309  
US**

Mailing Address  
**3400 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309  
US**

3 9 4 5 8 4 - 9 0 0 0 4 - 4 5



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/05/1985**

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 ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARIA CONNOLLY  
3400 W COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

*Maria Connolly*

**MARIA CONNOLLY TREASURER**

**4-19-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **MAGEE, DENNIS**

STREET ADDRESS **PO BOX 636 N/A**

CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **VD** ☒ DELETE

NAME **FARLEY, TOM**

STREET ADDRESS **19337 US 19 NORTH, SUITE 200**

CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **SD** ☒ DELETE

NAME **ROCKY, DEPRINO**

STREET ADDRESS **3400 W COMMERCIAL BLVD**

CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **TD** ☐ DELETE

NAME **CONNOLLY, MARIA**

STREET ADDRESS **3400 W. COMMERCIAL BLVD.**

CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

**PD**

1.2 NAME

**JAMES WOLFE**

1.3 STREET ADDRESS

**3400 W. COMMERCIAL BLVD**

1.4 CITY-ST-ZIP

**FORT LAUDERDALE, FL 33309**

2.1 TITLE

**VD**

2.2 NAME

**JERRY HEWETT**

2.3 STREET ADDRESS

**2601 BLAIR STONE ROAD**

2.4 CITY-ST-ZIP

**TALLAHASSEE, FL 32301**

3.1 TITLE

**SD**

3.2 NAME

**DOTTIE GOUGH**

3.3 STREET ADDRESS

**6456 NEEDLES TRAIL**

3.4 CITY-ST-ZIP

**TALLAHASSEE, FL 32308**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Maria Connolly* **SIGNATURE REQUIRED**

**4-19-99 (954) 777-4203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)